

Britannia Homecare Ltd

Britannia Homecare Limited

Inspection report

Rowan House
Smallfield Road
Horley
Surrey
RH6 9AU

Tel: 01293823825

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Ratings

Overall rating for this service

Requires Improvement 

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

Britannia Homecare is a domiciliary care agency that was supporting 170 people in their own homes. Not everyone using the service receives a regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene, medicines and eating. Most of the people using the service were older people, some of whom were living with dementia. At the time of our inspection 126 people were receiving the regulated activity from the agency.

People's experience of using this service:

There was a lack of robust quality monitoring of the service provided which meant some shortfalls had not been identified. These included inconsistent information in people's care plans and auditing the care calls of people. Although people told us staff were reliable, we read of staff not staying the full time expected at a care call. We have issued a breach of Regulation to the registered provider in respect of good governance.

People were cared for by staff who they told us were very kind and caring, attentive and kept them safe. People were happy with the food and fluids provided to them and the way staff supported them to access healthcare professional input should they need it.

People felt the care they received was person-centred and delivered in a way that suited them. People said they felt listened to, asked if they were happy with the service they received and shown respect by the registered managers.

People received the medicines they required and they told us they felt safe with staff and staff helped ensure they stayed free from risks.

People were cared for by staff who were well trained and staff who understood how to keep people safe and knew their responsibility for helping people retain their independence and gaining their consent.

Staff felt supported by senior management and told us since the new registered managers had taken back responsibility for the agency improvements had been made. Staff felt management were approachable and listened to any concerns or suggestions they had.

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

Rating at last inspection and update

At the last inspection the service was rated Requires Improvement. The report of this inspection was published on 15 February 2017.

Why we inspected:

This was a planned inspection based on the previous rating.

Follow up:

We will continue to monitor intelligence 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.

Britannia Homecare Limited

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

This inspection was carried out by four inspectors and an 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

The service had two managers registered with the Care Quality Commission. The registered managers are also the registered provider's. This means that they 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 a short notice period of the inspection. This was because we needed to be sure that the provider or registered manager would be in the office to support the inspection. We also needed the registered manager to set up some home visits for us.

What we did before the inspection

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

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 the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

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During the inspection

As part of the inspection we carried out home visits to six people, we also undertook telephone interviews with 12 people and three relatives. The office inspection consisted of us speaking with the registered managers and six staff as well as reviewing a range of records. This included nine people's care records and multiple medication records. We looked at five 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

Following the inspection the registered manager's sent us evidence of action taken in response to our feedback. We also received feedback from a further three staff members and two social care professionals.

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 improved to Good. This meant people were safe and protected from avoidable harm.

Using medicines safely

At our last inspection we identified a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because there was a lack of safe medicines practices. At this inspection, we found action had been taken to address our concerns and medicines processes were robust.

- People told us they received the medicines they needed. One person said, "They write down my tablets so I know I've taken them and write down when I have to take the ones when they are not there. They check when they come at tea time." A second person told us, "When they bring me my medicine they remind me what it is for."
- People had MAR (medicine administration record) chart which recorded their prescribed medicines and administration information. There was also information on any allergies a person had.
- People's MARs were completed in full and each month returned to the office for auditing purposes. Although we did read of one person who had not the pain relief they required as staff had not completed the care call. This was appropriately addressed by the agency.
- Staff underwent regular medicines refresher training to help ensure they continued to follow best practice.
- Where people required topical creams (medicines in cream format) there were separate body maps in place which indicated where care staff needed to use the cream.

Staffing and recruitment

- People told us they always had the care calls they were expecting and that they saw a consistent staff team. One person said, "I have one lady in the morning and a different one in the evening. They never change." A second person told us, "There are always enough people to help me and I usually know them." A third person reported, "The two ladies I have arrive at the same time."
- At our last inspection we identified a lack of travelling time factored in for staff and we issued a recommendation to the registered provider. We found at this inspection, this had now been included.
- If staff were running late people told us they received a call notifying them. One person said, "One of my carers missed the bus and I got a call straight away to say she was on her way."
- At our last inspection we found the recruitment process used was not robust and we issued a recommendation to the registered provider. At this inspection, we had no concerns as prospective staff had to submit an application form and attend a face-to-face interview. The provider also obtained proof of identity and address, references and a Disclosure and Barring Service (DBS) check. DBS checks help employers make safer recruitment decisions and include a criminal record check.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe with the care staff. One person said, "I do feel safe and the carer is lovely." A second person told us, "I always feel safe using this service. The care is just what I need."
- Where people required more than one staff member to transfer them, people confirmed this always happened. One person told us, "Two of them always come because they know that one can't do it alone." A relative echoed this saying, "There are always two of them. That way they can do things for her safety, like lifting and turning."
- Staff had a good understanding of their responsibility to keep people safe. A staff member said, "You need to know and recognise the possible signs of abuse." A social care professional told us, "Britannia management have always been responsive and are good with communication, always telling us about accidents, incidents and safeguarding concerns, and we are able to discuss any issues in an open and honest manner."

Assessing risk, safety monitoring and management

- People's risks were identified and people told us care was provided to help them stay free from harm. One person told us, "My ladies are very good at helping to do things and making sure I do not trip or slip." A relative said, "I think they understand what she needs to keep risk at a minimum."
- People's freedom was not restricted in order to keep them risk free. One person told us, "I feel like they are keeping an eye on me really, but still have my freedom to choose how and what I do." A second person said, "They help me to do things without hurting myself or forgetting how to do it."
- Staff told us they kept people safe by, "Just making sure you support them properly. Double and triple checking medicines."
- Environmental risk assessments had been completed for people and where people had individual risks, such as the risk of falling there was guidance for staff to help them safe. This included making sure the person used their mobility aid and had appropriate footwear.

Preventing and controlling infection

- People were cared for by staff who understood infection control procedures. People told us that staff respected their homes. One person told us, "They come in to my house and respect me and my things."
- Staff told us they had access to personal protective equipment such as gloves and aprons and they used these to help prevent the spread of infection. Staff said, "Always make sure you are wearing gloves and changing them between different tasks."

Learning lessons when things go wrong

- Where accidents and incident occurred staff learnt from them, Staff held a fall log and a falls protocol to record accidents and incidents.
- Staff followed the protocol in that circumstances of the fall were recorded and an office manager completed an investigation report which analysed potential causes and any changes that were made to reduce the risk of reoccurrence.
- Where medicines errors occurred, staff were interviewed by a senior staff member and their competency was rechecked.

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. This was because staff training was not up to date and food and fluid charts were not always in place for people who required them. At this inspection this key question has now improved to Good because our areas of concern had been addressed. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- People were cared for by staff who had access to training appropriate to the job. One person said, "They know what they're doing. They seem well trained." A relative told us, "I feel confident in their ability."
- Since our last inspection, the registered managers had undergone training to train others and delivered the majority of training. They had worked hard through regular audits and organising training at various times to ensure that all staff were up to date on their training. A staff member said, "The new trainers are a lot better."
- Staff said the training they received prepared them for the role, confirming modules included moving and handling, infection control and food hygiene. One staff member told us, "You get more engaged now. We talk about it rather than just watching a video."
- New care staff went through an induction programme and shadowed more experienced staff before carrying out care calls on their own. New staff had moving and handling, personal care and medicines assessed before being signed off and the registered manager's told us they accompanied new staff for three days as part of the induction. A staff member told us, "The induction was great, felt very thorough, very good for me as I had no previous experience."
- Staff had support through supervision and appraisal. One staff member said, "We have supervisions every three to six months."

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

- People received the support they needed in relation to their dietary requirements. One person told us, "They help me cook my food." A second person said, "She asks me what I would like to it. I have lots of drinks and snacks on my chair next to me." A third person told us, "I'm always able to have a drink whenever I want one." A relative told us, "She has her dietary needs met and enjoys the food."
- Since our last inspection, food and fluid charts had been introduced and were used for people who required them. We saw these had been completed where appropriate. We had found this was not always consistent at our last inspection and had issued a recommendation to the registered provider. The registered managers told us, "Some people are on food and fluid charts, for example [name] and we have to be strict with [name's] diet because of her health and diabetes."

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; Staff working with other agencies to provide consistent, effective, timely care

- People's needs were assessed before they started to receive care to help ensure they agency could

provide the care that was needed. One person told us, "When they first came a manager came to see me to find out what I needed help with."

- In addition, where care was funded by the local authority, their assessment of need was included in the person's care plan. The registered managers told us, "We are very pleased with the way the assessments are going. Everything is more in-depth now."
- People said staff worked with other agencies to provide seamless care. One person told us, "They organise appointment likes the hospital and doctor and help me get there. They book the right transport and help me read the letters."
- A staff member said, "I make sure I really get to know everyone that I support. I need to know them really well for me to do my job. This is important to me."

Supporting people to live healthier lives, access healthcare services and support

- People were cared for by staff who responded to their needs if they were unwell or required healthcare professional input. One person told us, "If I feel ill they help me and call the doctor." A second person said, "I feel they keep me healthy by helping me to take medicine on time and go to the doctors."
- People had received involvement from health professionals such as the GP, physiotherapist, district nurses and the speech and language therapy team.
- A staff member told us, "I called the district nurse yesterday for [name] legs. They are now assessing them."

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. Where people may need to be deprived of their liberty in order to receive care and treatment in their own homes, the DoLS cannot be used. Instead, an application can be made to the Court of Protection who can authorise deprivations of liberty. We checked whether the service was working within the principles of the MCA.

- Staff were following the principals of the MCA as people's consent had been sought before they received care from the agency.
- People had consented to their care plan, administration of medicines and their risk assessments.
- A relative told us, "They (staff) talk to him while doing things for him and they ask his permission."

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 Good rating. 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 only gave positive feedback on the care they received and the staff that provided the care. Comments included, "They help me so much. I am so grateful," "They provide a fantastic service and I'm very happy," "My carer is lovely and always respects me and listens to me."
- People said staff respected them. One person told us, "They are very kind and I feel that my home is still my own and has not been taken over." A relative said, "She is amazingly calm and respectful of my mum's house, her visitors, her belongings and everything. She is kind and caring."
- People told us staff were kind to them and supported them. One person said, "I don't like taking tablets and she sits with me while I take them." A second told us, "They go out of their way. She helped me wash my hair and left late because she said it must be dried as I can't have wet hair all day." A staff member told us, "All the staff and the whole company care so much." A social care professional told us, "They (staff) are always helpful and willing."
- People said their diversity was respected. One person told us, "I am from a different culture and everyone from the agency always treats me well." A second person said, "They asked me if I would prefer a male carer, but I don't mind either way."

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

- People said they were involved in making decisions. One person told us, "She chats with me about what I need help with and she listens." A second person said, "I choose what I do and what I wear." A third person commented, "I tell my carers how I like things. I feel we work together." A staff member told us, "I always give people choice in their own home, so they should be doing what they want to be doing."
- People told us they participated in their care plan. One person said, "We have all talked together about the care I receive. Everyone knows what is going on and in my plan."
- Where people were able to do things for themselves, this was recorded. One person's care plan said, 'please pass me a warm soapy flannel to wash my face and hands'. We read a compliment from a relative which said, 'he seems to be getting a lot more confident and is regaining his confidence which is fantastic'.

Respecting and promoting people's privacy, dignity and independence

- People were supported to continue doing things for themselves. One person told us, "I still get to do or try to do everything I want and tell them if I can't. They encourage me to do things." A second person said, "They do a super job in helping me to still be a bit independent." A third person said, "I feel I have independence to live how I like with a little bit of help."
- People told us staff showed respect towards them. One person said, "They are very respectful and I get

privacy when I don't feel like talking or socialising." A second person told us, "She always knocks on my door." A relative said, "She is kind to both of us and respects our privacy when I just want to sit with him."

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. This was because people's care plans did not always contain sufficient information. At this inspection this key question has now improved to Good. All care plans had been reviewed since our last inspection. 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; End of life care and support

- People told us they received person-centred care. One person said, "My needs are definitely being met. They do such a good job and it makes me happy." A second person told us, "They definitely know what they're doing and it's how I like to be cared for." A third person said, "My needs are always met, they make me feel like I come first."
- Staff told us they had enough information about people's needs before they provided support, with one staff member saying, "Everything you need to know is on the care plan."
- Staff knew people well. One person's care plan mentioned in several places that they needed the support of consistent staff. This was supported by what staff told us. A person told us, "My needs are always met well. I have some complex needs and the girls are well trained and I feel confident." A staff member told us, "I know [name] likes to watch the birds, so I feed the birds on her patio, so she can watch from her chair."
- People's care plans included information on what was important to them, their preferences, daily routines and any religious or cultural needs. A relative told us, "Small quirks are considered all the time."
- People had support plans for each care call. These provided guidance for staff about the support the person needed. Where relevant if people required more than one staff member for transfers, information about equipment needed was recorded. One person said, "The support I get is excellent because it is exactly to the instruction of the GP, hospital and I get my say too. They work to the book."
- There was evidence in people's care plans that reviews were undertaken of their care needs when things changed. For example, when a person began to use the service again following a stay in hospital. One person told us, "We have regular reviews to see if we are happy or need anything changed or updated."
- One person was receiving end of life care from staff. Their care plan referred to their diagnosis and the care and support they received from the local hospice. Staff told us as the person's needs increased, they would become more involved. A relative had written, 'We can't thank you enough for making the unbearable bearable'.

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 staff supported them to stay active and at less risk of social isolation. One person said, "I go to my club and my carer makes sure I have transport booked." Another told us, "My friends visit and my carer takes me to meet them sometimes. She is very good at organising me."
- People were enabled to maintain relationships important to them. One person told us, "My mate visits once a week and my carer always makes sure I have a shirt and shoes on because I like to look presentable."

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 care plans recorded where they required support with communication. One person's stated, '[name] has difficulty forming words and must be allowed time and patience to form words. [Name] may write things down'. One person said, "I get calls and letters and it is written so I can understand it."
- One staff member had undertaken some sign language training in the event that this was needed to communicate with a client.
- A relative told us, "They listen to him and give him time to voice his opinion. They find out information for me that I do not know."

Improving care quality in response to complaints or concerns

- People said any concerns or complaints were responded to quickly. One person told us, "I was happy with the fast response." A relative said, "If you have questions, the office would be my first port of call as they are efficient and get back to you."
- People told us they felt listened to. One person said, "The manager and I have had small things in the past. They called me back within the hour and I was happy with the outcome." A second person told us, "I would chat with my carer as I know she listens, or the office."
- Information on how to make a complaint and who to contact was recorded in people's care plans. We read four complaints had been received this year all which all were resolved and closed. A staff member said, "I have never received a complaint, but I would let the manager know straight away."

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 Requires Improvement. This was because of the shortfalls in medicines management practices found at our last inspection. At this inspection this key question has remained the same Requires Improvement rating. 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

- People's care plans, although containing good guidance and information for staff, were sometimes inconsistent. One person's stated they required thickening agents in their drinks. However, in their nutrition assessment this was not mentioned. A second person's recorded they were borderline type 2 diabetic, but nothing was mentioned in their nutrition care plan about this. A third person was allergic to a particular food, but this was not recorded in their food and nutrition care plan.
- The impact to people was low however, as staff knew people well. Staff we spoke with demonstrated a good knowledge of people and most staff had worked at the agency for a long time. Also immediately following our inspection, the registered managers sent us evidence these shortfalls had been addressed.
- We identified that the registered managers had not been auditing call times for people. Although the electronic monitoring system logged people's calls, the registered managers did not audit these logs and as such had not identified staff may not be staying the full length of a care call. We read that people who had a half an hour call were often only receiving 15 minutes and one person whose lunch time call was scheduled for 12:00 had staff arriving anytime between 10:55 and 13:14. This meant people may be paying for a service they were not receiving and would not always know when a member of staff would arrive. One social care professional told us, "Having received reports from my clients about the care staff they continue to be frustrated about care call times."
- A recent satisfaction survey had been sent out to people, with 39 responses so far. Although feedback was positive about the care people received we noticed that five people had commented on staff time keeping. In addition, one complaint received by the agency this year related to inconsistent call times. Although people had commented on this, the agency had not taken action in response to this feedback.
- In addition, the registered managers did not audit care logs as we identified staff were not completing care logs consistently. We noted staff did not always record the time they arrived or left people's homes which meant it was unclear whether or not they had arrived on time, or stayed the full length of the care call.

The lack of robust governance arrangements was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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 managers understood their responsibilities in relation to duty of candour. Where concerns had been raised or accidents or incidents occurred, apologies were provided to people and their relatives.
- We did however read of three missed calls, as well as a medicines error. Although no one was at risk of harm the registered managers had not considered whether these incidents should have been notified to CQC. We spoke with the registered managers and referred them to the provider's guidance on notifications.

- Other audits included reviewing people's MARs on monthly basis. An office staff member said, "The most common error is care staff administering people's medicines but forgetting to sign the MAR. If staff make more than one medicine administration recording error they re-attend medicines training."
- Staff told us the care co-ordinators carried out unannounced spot checks on them with one staff member telling us they had had three checks so far this year. They said, "They check everything. The way you greet them (people), that you're using protective equipment, the way you administer medicines and the way you enter and secure the property." They added, "Any concerns you can talk through with them when you come out."

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Since our last inspection there had been changes to senior manager. Staff told us this had resulted in a positive impact for them. One staff member said, "The previous management were not as approachable. They were always too busy. Now it's not like that at all. The support now is second-to-none." A second staff member said, "I want to say thank you to them (the registered manager's). It's much better. I feel like part of a family. I can come to them with anything. I feel privileged to work for them."
- Feedback from people and relatives was also positive in relation to the management of the agency. One person said, "I'm very happy with what I receive. Everyone knows what we need and it's well organised." A second person said, "It's run well." A third person told us, "I think the office are very good and the manager is kind and organised." A relative told us, "In recent times they have been superb with everything." A second relative said, "This year my mum's needs are definitely met. The service has become very good." A social care professional told us, "When I ring and return my call if required in a timely, professional manner." A second social care professional said, "Through discussion and working closely with managers and directors we have experienced over the past year a much improved service, with no issues being raised to me by our practitioners."

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

- People were contacted by the agency to check they were happy with the service they received. There was evidence of telephone checks and quality monitoring visits. Feedback from everyone was positive. One person said, "When I started the manager came for a chat and called me to see how it was going. They make sure I'm happy and getting the correct service regularly." A second person said, "The office checks with us that we are happy."
- Staff told us communication had improved with one staff member telling us, "I never have to ring twice in regard to issues with service users. I always get an answer. You don't have to chase things now, they get addressed."
- Staff told us they were encouraged to speak up at team meetings and managers listened to them and encouraged them to give their views. A staff member said, "The office is very much an open door and I feel like the management really listen to all the staff and all ideas."

Continuous learning and improving care; Working in partnership with others

- Since our last inspection, improvements had been made to the service by the registered managers. This

include the introduction of an app which logged when staff started and ended a care call. Staff told us the app had also improved communication between them and the office as minor changes or messages could be communicated in this way.

- The registered managers told us that since taking management oversight of the agency they had ensured that all staff training was up to date. We saw evidence of this.
- On-call meetings had been introduced to go through any issues which may have occurred over the weekend. This helped to ensure that the registered managers and office staff were up to date with the most recent information about a person.
- The registered managers met regularly with the commissioners to review people's care.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The registered provider had failed to ensure robust governance arrangements were in place.</p>