

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

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

Britannia Homecare is a domiciliary care agency that supports people living in their own homes. Support is provided to a range of people, including those living with dementia, physical disabilities and older people. At the time of inspection 192 people received 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.

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

People and their relatives told us they were happy with the service and staff looked after them well. They said management were easy to contact and communication was good. People said they felt safe with staff and that they wore personal protective equipment (PPE) when they arrived and washed their hands regularly.

The provider had implemented and developed an effective management team to oversee the delivery of care on a daily basis. Each person in the team had a clearly defined role which made it logical and easy for staff and people to make contact with the appropriate person. The management team were pro-active and had good oversight of the staff team and the quality of their service. They sought feedback from people using their service to help them improve.

Staff gave us very positive feedback about working for the provider. Staff spoke positively about the training and supervision they received.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection and update

The last rating for this service was requires improvement (published 24 October 2019). 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.

### Why we inspected

We carried out an announced comprehensive inspection of this service on 05 September 2019. A breach of legal requirements was found. The provider completed an action plan after the last inspection to show what they would do and by when to improve good governance.

We undertook this inspection to check the provider had followed their action plan following the previous inspection and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe and Well-led which contain those requirements.

The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has changed from Requires Improvement to Good. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Britannia Homecare Ltd on our website at [www.cqc.org.uk](http://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 well-led?**

**Good** ●

The service was 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 three inspectors and an Expert by Experience who assisted with telephone calls to relatives and people. 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 homes. 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 was announced. We gave the service a short amount of notice so that they could gain consent from people for us to call and speak with them. Inspection activity started on 08 March 2021 and ended on 11 March 2021. We visited the office location on 09 March 2021.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. This included any notifications of significant events, such as serious injuries or safeguarding referrals. We sought feedback from the local authority and professionals who work with the service. We used this information to plan our inspection.

#### During the inspection

We spoke with six people who used the service and six relatives about their experience of the care provided. We also spoke to a health professional who knows the service. We spoke with 10 members of staff as well as the registered manager and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records. We looked at five people's care plans and associated risk assessments, and five people's medication records. We reviewed four staff files in relation to recruitment and supervision. We also looked at a variety of quality assurance records which included staff training, infection control, incidents and accidents, complaints, and policies and procedures.

#### After the inspection

We continued to receive feedback after the inspection from a further two members of staff.

# 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.

### Using medicines safely

- People received their medicines as prescribed and were involved in risk assessments and decisions on the level of support they required. This enabled people to remain independent with administering their own medication where possible.
- The provider completed regular audits of medication administration. Where gaps were identified, they were investigated with the staff member concerned. Following our inspection, a reminder was sent to staff about notifying office of gaps in medicine records without delay. Where a staff member made a subsequent error, they were expected to refresh their training. We saw that this took place.
- There was evidence of good communication and information sharing related to medicines. One example we saw recorded that a family member had informed staff that antibiotics that had been prescribed. This was promptly recorded in the care notes, the relevant staff member informed and a temporary medication record written up.
- Staff told us that they felt well trained and supported to give medication, and supervisors observed their practice. This meant the service could support staff to improve standards. Staff told us about medicine errors, and the procedure. One said, "We follow the company's procedure. We let the office know straight away so they can assess how serious it is and then may need to call their GP."

### Staffing and recruitment

- There were enough suitably skilled and knowledgeable staff to meet people's needs. People were able to change the times of their support calls, for example if a family member was visiting. People received support from staff they could trust and felt safe with. One person told us about the staff, "They are really good, they arrive on time and do absolutely everything I ask, absolutely brilliant they are."
- The service had made improvements to the timekeeping of support visits. These were now scheduled within a half hour window of time, to allow for travel difficulties, or unexpected events at the previous visit. People we spoke with told us that the time keeping had improved. There was a system in place which alerted care co-ordinators if a support visit had been missed.
- Staff were recruited using robust recruitment processes. Staff files included previous employment history with gaps accounted for and reference checks completed. New staff were only able to work unsupervised when the required Disclosure and Barring Service (DBS) checks were completed and references checked.
- The provider had been pro-active with recruitment throughout COVID-19 by appealing to staff from the nearby airport that may be seeking work. Many of those new recruits told us they had enjoyed their move into the care sector and their records showed that they had become valued employees. One person told us, "I had lost my job and Britannia were so welcoming." Newly recruited staff said they had received plenty of training and lots of support from management.

## Systems and processes to safeguard people from the risk of abuse

- People we spoke with knew how to raise concerns and felt confident to do so. Some comments we received were, "I would just phone them, I've got all their numbers", "I don't have a problem communicating with them".
- Staff were confident with safeguarding procedures. They told us how they would raise an alert if they needed to and confirmed that they had received regular safeguarding training.
- Staff had received training in their induction which they told us had included learning about discrimination and equality. Regular safeguarding updates were included in monthly newsletters to staff.
- The registered manager was aware of their responsibilities to keep people safe and we saw records that showed when they had shared concerns with the local authority.

## Assessing risk, safety monitoring and management

- People's risks were assessed and reviewed regularly. One person said, "They think about my safety all the time – they make sure the hoist is properly done and nothing is in the way."
- Staff understood people's risk assessments which were clear and personalised. One example we saw informed staff what they should do in the event of someone having an epileptic seizure, how to identify the type of seizure and when they should call emergency services. Assessments provided staff with clear guidance for when a situation might change during a support visit.
- Staff were knowledgeable around risks and how to maintain people's independence whilst keeping them safe. One staff member told us "We always try to encourage people to do things for themselves if they can. It sometimes takes more time but it's worth it". Staff also understood the importance of dignity, one member of staff told us "We don't just barge into someone's home. If we have to let ourselves in, that's one thing, but I always knock before I go in."
- Environmental risk assessments had been carried out in people's homes and staff we spoke to were able to identify potential hazards. One example of this was a support plan instructing staff to ensure lifeline worn at all times for a person that was at high risk of falling. Another reminded staff that the person would be at risk if they left their home unaccompanied, and that sensors were in place that directly called a family member.

## Preventing and controlling infection

- People and relatives told us staff kept them safe during the COVID-19 pandemic by using the correct personal protective equipment (PPE). One person said, "They come in with masks and visor on and they put on aprons and gloves." There were adequate stocks of PPE and this was readily available to staff.
- Staff had received training and updates about infection control and were fully aware of their responsibilities to protect people from the spread of infection. Staff were routinely tested for COVID-19 and if they received a positive test result, they were instructed by the provider to self isolate and were paid to do so.
- The registered manager and care co-ordinators carried out regular spot checks on staff which included checking that staff wore the correct PPE and adhered to infection control procedures when supporting people.

## Learning lessons when things go wrong

- Staff knew what to do if they had concerns. One staff member told us "One of my service users health had deteriorated quite quickly. I rang the office and they arranged for the GP to come. After that, their care was reviewed and they received more care calls. I really felt listened to and taken seriously by the managers."
- Accidents and incidents were recorded, reviewed and analysed to inform future practice. When people had experienced a fall, the details were logged in a falls folder. This meant that repeated falls were identified

quickly and prompt referrals made to the specialist falls team for assessment leading to expert guidance and support. Mobility assessments were subsequently reviewed and action taken to mitigate further risks of falling.

- The registered manager kept staff updated following any incidents and raised awareness of how to improve practice. We saw that the most recent staff newsletter included "falls awareness month" to help staff focus on risks, read the policy and refresh their knowledge of procedures when a fall occurs.

# 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. At this inspection this key question has now improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality person-centred care.

Continuous learning and improving care; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements;

At the last inspection identified a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because there was no system in place to audit support calls and no action taken in response to feedback from people about time keeping. Support plans were inconsistent which could result in staff not finding important information to care for people safely.

At this inspection we found the provider had made improvements to their processes which enabled them to robustly manage the service, identify and drive improvements. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- The provider had implemented new systems to ensure that people received their support visit when they expected. The care co-ordinators received alerts from the system when a support visit had not taken place and people told us that their support visits were booked within a half hour window of time and consequently time keeping had improved.
- We saw that where support visits were repeatedly shorter or longer than required, that the provider reviewed the support package, involving other professionals as needed to adjust the visit times.
- Regular and comprehensive audits of quality were carried out by management, for example medication, incidents and accidents, care plans, staff recruitment and supervisions.
- The registered manager had introduced improvements to care plans and we found that risks were detailed, comprehensively assessed and were identified in relevant areas of the care plan. One staff member said, "Care plans have the risks explained in them, and the office are always there if we need advice." The care plans were personalised and a traffic light system identified to the care co-ordinators when they were due for review.
- The registered manager had a good knowledge of their legal requirement to notify CQC about important events which occurred within the service and had sent these in as required.
- Staff understood what good quality looked like for people who use the service. One member of staff told us that the provider was open about improvements needed. They told us, "I know there have been problems around audits and things. I knew this from the last (CQC) inspection. I don't think anybody is trying to hide things. I think they're trying to put things right".

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

outcomes for people

- People told us they felt the service was well managed and they felt listened to. One person told us "I just ring up and they are fantastic on the phone to me". Another said, "I spoke with them today, and when I leave them a message, they phone back quite quickly."
- Staff we spoke to were happy working for the service and felt valued. One told us "I do feel really well supported. I can go to the manager any time, or one of the seniors." Another said, "Staff issues are taken seriously here. We're well supported out there too. There are spot checks and supervision in place. I can say whatever I want really." Staff told us they received thanks from the care co-ordinators, "I've worked in a lot of other places over the years, but this is where I have felt most appreciated."
- Staff supervisions and spot checks were effective in improving quality. Checks ensured staff wore their ID badge, used PPE as required, that people were spoken to in a kind and caring way, and people's homes were left clean and tidy. Supervision meetings included work performance, feedback from people as well as feedback from their peers.
- The registered manager and provider had good oversight of the service. Issues and concerns were addressed quickly and efficiently. An example of this was a care support plan being reviewed and adjusted to meet the persons preference to have one person supporting instead of two.

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 provider promoted honesty and transparency. People told us that the care co-ordinators and registered manager were approachable and open. We saw records documenting that family members were informed promptly when there were any incidents for example someone experiencing a fall.
- One family member we spoke with told us that staff make them aware of any problems, they told us, "They ask if I want them to call a doctor or if I want to do it".

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

- The management team had developed good relationships with people involved in the service and actively encouraged critical feedback from people to help them to improve. The service had received 90 responses from the most recent survey sent out to people and the majority of these were very positive. We saw comments in these such as "very supportive", "all staff very nice". One person had suggested a companionship visit to give their relative a break and this had been agreed and arranged.
- Staff understood their responsibilities related to the Equality Act. They could explain the importance of not discriminating and why everyone who they cared for mattered equally. One staff member said, "It is about making sure that everybody gets good care, no matter who they are, LGBT people, ethnic minorities and disabled people."
- The registered manager had completed personalised risk assessments for staff relating to COVID-19. Risks identified included staff who had home schooling responsibilities, staff experiencing anxiety or fears about going out to work, staff who may be at risk of discrimination/stigmatisation and staff experiencing personal trauma. The registered manager told us that this helped the service to foresee difficulties and arrange to support staff that may be struggling.

Working in partnership with others

- The provider and registered manager had good relationships with external organisations and health professionals. One that we spoke with said, "I find the management team very approachable and flexible, and they are always willing to work towards improved quality". A commissioner had thanked the provider for their dedication when arranging complex care support plans sometimes in difficult circumstances.
- The provider used feedback routinely to improve standards. Staff files included feedback from people, and

this was shared with them. Examples were "always does a super job", and "very pleased with him". In the compliments folder, people had said about staff "they were true professionals with a human touch" and "kind and considerate, patient and efficient".

- The management team worked with other health professionals to improve people's care. We saw that referrals were made to the falls team, occupational therapists, chiropodists and GPs.