Britannia Home Care Limited

Britannia Homecare Limited

Inspection Report

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Summary of findings

Overall summary

Britannia Homecare Ltd is a domiciliary care agency providing personal care for people in their own homes. At the time of our visit the service supported over 360 people.

The service had a registered manager who was responsible for the day to day operation of the agency. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service and has the legal responsibility for meeting the requirements of the law with the provider.

The people we spoke with were happy with the standards of care and support given by the staff. One person told us, "They are pleasant people and always willing to do what I want." Another person said, "Carers are friendly and diligent." A relative told us, "My family member receives excellent care." We did get some feedback about one-off issues that had occurred, but people told us that when they had raised these with the service they had been put right.

The service had systems in place to keep people safe. Assessments of risks to people from foreseeable hazards had been developed and reviewed. Staff understood their role and responsibility for keeping people safe. However not all the checks completed on staff before they started working for the service were as robust as they should be. This meant they were not meeting the requirements of the regulations.

People's needs and choices had been clearly documented in their care plans. One person told us "They ask my permission and work to the pattern I like, It's brilliant." A second person told us "Yes they know my health needs. They explain and talk with me. They show an interest in my health. They record what they do in my book. They sit and have a chat." Another person said "They do respect when I do things myself, like cleaning my teeth."

Where people's needs changed the service acted quickly to ensure people received the care and treatment they required.

People who used the service and their family members that we spoke with all agreed that people were supported by kind and caring staff. Staff were able to tell us about the people they regularly supported, for example their personal histories and their interests. We saw that staff received training which enabled them to meet the needs of people that used the service. However we saw two examples where staff were required to prepare meals but did not have up to date food hygiene training. People also told us that staff could sometimes be late and they didn't get a call from the office to let them know.

People told us they were involved in the planning and review of their care. Where people were unable to do this the service considered the person's capacity under the Mental Capacity Act 2005. Staff were aware of what they needed to do if a decision needed to be made for someone who lacked the capacity to make it for themselves.

The registered manager provided good leadership and support to the staff. They were also involved in day to day monitoring of the standards of care and support that were provided to people that used the service. The registered manager and provider were aware of the issues around late calls, and the service was in the process of recruiting more staff. This ensured that people received care and support that met their needs, and enabled them to keep living in their own homes.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

People told us they felt safe with the staff that supported them, and they were treated with dignity and respect by staff. The staff we spoke with were able to give us examples of how they protected people's dignity and treated them with respect.

The service had clear policies in place to protect people from bullying, harassment and abuse. Staff had a clear understanding of what to do if safeguarding concerns were identified.

Staff had an understanding of the Mental Capacity Act 2005, and what they were required to do if someone lacked the capacity to understand a decision that needed to be made about their life.

Detailed risk assessments were in place to ensure people were cared for safely within their home.

We saw that when the service employed new staff they followed safe recruitment practices. They had checked that staff were suitable to do the job and that they had no record that could affect their suitability to work with vulnerable adults. However the reference checks were not robust on the sample we saw.

Are services effective?

People had up to date care plans which recorded information that was important to them. These included information about their health and support needs, as well as a clear description of their hobbies, interests and what they wanted from the service. People told us that they had been involved in the planning and reviews of their care.

Staff understood people's health needs and acted quickly when those needs changed. Where necessary further support or equipment had been requested from the social services and health care professionals. This ensured that the person's changing needs could be met.

Staff received support from the registered manager and the senior managers within the organisation. Regular meetings had taken place between individual staff members and their line manager, as well as team meetings.

There was a comprehensive training plan in place for each staff member. We saw that most staff had received training to enable them to meet the individual needs of people that they supported. However some staff had not received up to date training in food hygiene.

Summary of findings

Are services caring?

People we spoke with were very positive about the care and support they received. People told us they felt their individual needs were met and understood by staff. Frequently used terms used to describe staff were 'pleasant people, very friendly, caring, diligent, and compassionate.'

The service had clear policies and guidance for staff on how to treat people with dignity and respect. Staff were able to give us examples about how they carried out care and support and put the guidance into practice. They were also able to explain the importance of confidentiality, so that people's privacy was protected.

People who used the service told us that they felt they were listened to and that they mattered. We saw examples where people's opinions about the care that they received had been asked for and that the service had taken appropriate action in response to these comments.

Are services responsive to people's needs?

The service was aware of the requirements of the Mental Capacity Act 2005. Where a person was unable to make decisions for themselves we saw that the service had taken part in best interest decision meetings with relatives and the local authority.

People told us that they knew how to make a complaint if they were unhappy with the service. Information about how to make a complaint was available to people that used the service, for example in the care file that was stored at their house. We saw where complaints, accidents or incidents had happened the service had completed a detailed investigation, and action had been taken to reduce the risk of the same issue happening again. This meant that the service learnt from its mistakes and took action to reduce the risk of them happening again.

Are services well-led?

We saw that the service promoted a positive culture that was friendly. The staff we spoke with had a clear understanding of why they were there and what their roles and responsibilities were.

People told us that the care given was good but the staff could sometimes be late. They did not always receive a call from the managers to tell them staff would be late.

Where investigations had been required, for example in response to accidents, incidents or safeguarding alerts, the service had completed a detailed investigation. This included information such as the results of the investigation and the actions that had been taken to resolve the issue.

Summary of findings

Before a person joined the service their support needs had been agreed. We saw from daily support notes, and from what people told us that there were enough staff at each visit to meet the person's needs.

The service had a business continuity plan in place. This ensured a plan was in place to deal with foreseeable emergencies. This reduced the risk of people's care being affected in the event of an emergency such as flooding, or national events that caused roads to close.

The provider completed a number of checks to ensure they provided a good quality service. For example the provider carried out regular audits and checks on the service. They did this by speaking with people who used the service and staff. They also checked that records had been completed correctly. Where issues had been identified action plans had been generated. These were monitored at follow up visits to ensure they had been completed.

Summary of findings

What people who use the service and those that matter to them say

We spoke with 16 people who were supported by Britannia Homecare, or their relatives. They told us that overall they were happy with the standard of care and support they received.

We asked them about what the service did best. They told us “They are pleasant people and always willing to do what I want. They come on time and stay the allotted time.” Another person said ““They do anything I want doing. I have a list which tells me what they do, and staff do it.” A third person said “The general attitude of staff. They are always polite” Further comments from people included “The care is good”. “Overall I’m happy with the support” and “Carers are friendly and diligent.”

We asked people if they thought that there was anything that the service could improve on. One person told us “Timing of visits is not too good. The office constantly contacts the staff to ask if they can fit in further calls. They have been up to an hour late, worst at the weekends.” Another person said “They could improve the rota system. I get a variety of different carers so am not able to build up a relationship with them. Time wise they don’t turn up at anything like the times they said, but they do turn up eventually though.” They went on to say “The support I get is fine when they do arrive.” A third person told us “The actual job they do is quite good, Everything I ask for they do, it’s just they aren’t good at coming on time.” This was a common theme from most of the people we spoke with. Even with these issues people still told us that they were happy with the standard of care that they received.

Britannia Homecare Limited

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the regulations associated with the Health and Social Care Act 2008 and to pilot a new inspection process under Wave 1. We visited the office of Britannia Homecare on 14 and 16 May 2014.

The inspection was carried out by one inspector.

Before our inspection we had reviewed the information we held about the service. At our last inspection in July 2013 we had not identified any problems with the service.

Over the course of the two days we spent time reviewing the records of the service and speaking with staff. We also reviewed care plans and other relevant documentation to support our findings. After the inspection we contacted 16 people that used the service or their relatives to gather their experiences and opinions of the service. We also had feedback from people who used the service and staff by the use of questionnaires.

On the day of the inspection we spoke with four staff members, which included the registered manager, and one of the providers. After the inspection visit to the office we spoke with a further six staff to check their understanding of their role and ask for their experiences of working for the service.

We also had feedback from a health care professional who places people with the service.

Are services safe?

Our findings

People were not safe because the provider had not undertaken appropriate recruitment checks on current staff. We looked at how the service employed new staff to see if they followed safe recruitment practices. The five files we looked at detailed staffs' work experience, qualifications and the reason why they had left their previous employment. The files also recorded staffs' employment history. We saw that in one of the files there was a gap in the employment history, but no explanation.

Contact details for references were recorded. Written references had been obtained and were stored in the files. However we noted that in all five of the files we looked at there were issues with the references that had been taken. For example references had been accepted from friends of the staff member, or from a person who knew the staff's family. Other issues identified included references sent to private addresses, rather than the company listed on the application form, and references returned and accepted on plain paper with typed signatures. This would make it hard to identify who the reference actually came from. This meant that the provider could not be assured that the individuals were of good character. This was a breach in Regulation 21 (Requirements Relating to Workers) of the Health and Social Care Act 2008. You can see the action we have asked the provider to take at the back of this report.

There was a record in the files that staff had an up to date enhanced criminal record check carried out. This meant the provider had checked that staff did not have any history that affected their suitability to work with vulnerable adults at the time these checks were carried out.

People we spoke with told us staff treated them with dignity and respect. One person told us, "I am definitely treated with dignity and respect by staff." Another person told us, "They ask my permission and work to the pattern I like, It's brilliant."

Policies were in place to ensure staff had guidance about how to respect people's rights and keep them safe from harm. We saw examples such as policies and procedures on confidentiality, bullying and harassment, dignity and respect, and safeguarding adults at risk.

The staff we spoke with were able to give us examples of how they protected people's dignity and treated them with respect. For example one staff member told us, "When I support with personal care I ask them where they want to be washed and if they want to do it themselves. I make sure they are covered when I am washing them." This was confirmed by people we spoke with. One person told us, "They treat me with dignity when they help me wash."

A relative agreed that staff treated people with respect. They told us, "It is all done privately." This showed us that staff had understood the policies and worked in a manner that showed respect to people, and protected their dignity.

We asked people if they felt safe with staff. Terms such as, "Oh most definitely" and "Absolutely" were used in answer to this question. These types of comment were a common theme across all the people we spoke with.

There were clear systems in place around protecting people from abuse. There was an up to date safeguarding adult's policy in place. The policies gave guidance to staff on what abuse was, and how to report it. There was also a whistle blowing policy in place. This is where staff would contact an outside agency to inform them of concerns within the organisation. The service also had a copy of the local authority safeguarding procedures. These policies also linked to the best practice guidance given by the Department of Health such as 'No Secrets.' This ensured that the service had information on how to report suspicions of abuse to the lead agency. We saw from records that where abuse had been suspected, the service had reported these concerns to the appropriate authorities.

The staff that we spoke with had a good understanding about their role and responsibility for protecting people from abuse. Staff were able to give examples of what abuse was and the signs that it may have happened. They also understood that they had to report any suspicion of abuse to the manager. This showed us that staff understood their responsibilities and would act in accordance with the organisations policies to keep people safe from abuse.

The service had policies regarding the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). Staff had an understanding of the MCA, and what they were required to do if someone lacked the capacity to understand a decision that needed to be made about their life. One staff member said, "It's about when someone hasn't got the ability to make a decisions for themselves and people come together to make a decision for them.

Are services safe?

This would include family and health care professionals like the GP and social worker." This meant that people's rights would be protected if they lacked capacity to make a decision for themselves.

All of the people we spoke with felt that staff enabled them to do the things they wanted without restricting their freedom. Each person's care file had a number of risk assessments completed. The assessments detailed the nature of the risk, for example, one person used walking sticks so was at risk of falling. They had recorded what was currently in place to protect the person and gave guidance for staff to support the person safely. Actions taken as a result of these assessments included referrals to occupational therapists to review a person's mobility. These then resulted in equipment being fitted in people's homes to enable them to maintain their independence and freedom. Risk assessments recorded the involvement of the individual and highlighted where risks had been discussed with them. For example around the refusal to install smoke detectors. These examples showed that the service had involved people in identifying the risks and supported them in a way to minimise them, without affecting their freedom to make their own decisions.

Staff had a good understanding of how risks to people were assessed and managed. One told us "We have to check risk assessments on a regular basis. If something changes in a person's life we have to update the assessments, to minimise the risk of people coming to harm." This confirmed that risk assessments were in place, and that staff had read them.

The service kept a record of accidents and incidents and safeguarding referrals. These contained detailed information about what had happened, and the action that had been taken as a result. The registered manager explained how they reviewed the reports and looked for patterns and ways to stop them happening again. We looked at a sample of reports and saw they had been investigated and appropriate action had been taken to minimise the risk of them happening again. Examples of the action taken included notices to all staff to make them aware of the issues that had been identified. We noted that there were a number of medication error incidents recorded over the last year. We saw that actions had been taken to address this. The manager had a monitoring system in place to record who was making the errors and how often. Where a need had been identified, for example multiple errors by an individual, further training had been given. The issues had also been discussed in staff meetings and a letter sent out to all staff. This showed the service had taken appropriate action to deal with this issue.

We looked at how the service managed its staffing arrangements to make sure people were kept safe. The registered manager explained how they were advised by social services as to whether a person required one or two staff to support them. The number of carers required for each visit was clearly identified on the front of each person's care file. Staff rotas showed that, where required, two staff had attended to provide care for people. This was confirmed by all the people and their relatives we spoke with.>

Are services effective?

(for example, treatment is effective)

Our findings

People who used the service and their relatives told us that they had been involved in the planning and review of their care. One person said "I had the office people come in and assess with me. We had a meeting about my needs." Another person told us "They did when I first started. They then came in a month or so after to check I was getting what I wanted from them."

Before Britannia Home Care supported people detailed assessments were completed by the registered manager, or other senior staff member. People's preferences and views on what they wanted from the service had been recorded. The people who used the service and those important to them, such as relatives, had been involved in this assessment. The assessment process also included completing risk assessments around medication, and moving and handling. This meant the service had a good understanding of each person's individual needs before they used the service.

People had up to date care plans which recorded information that was important to them. This included detailed information about their health and support needs. The care plans covered a number of areas of a person's support needs. For example, personal care needs, medication, meals and drinks, mental capacity, allergies, communication and the assistance they required. For the period between the initial assessment and a full care plan being produced the person who completed the assessment left a temporary plan at the house. This ensured staff had the basic information about a person available while the formal care plan was produced.

Staff were able to described how they met or understood people's individual needs. One told us "I ask them, and read the care plan. I don't assume, and always ask the person in case they want something different to what is in the care plan."

People told us they felt staff understood them and their needs. One person said "Yes they know my health needs. They explain what they are doing and talk with me when they visit. They show an interest in my health." Another person said "Most of the regulars do. I tell the others what they need to do, which they then do." What they told us confirmed what staff had said.

We asked the registered manager if they had needed to involve advocates for people who were not able to speak up for themselves. They told us that they had not yet needed to make any referrals to advocacy services. The process for when and how to contact advocacy services was clearly recorded in the services policies. This would ensure that the service would respond effectively by involving an independent advocate where a person could not express an opinion or make a decision for themselves.

People had been supported to maintain good health and have on-going healthcare support. A person who used the service told us "They always ask how I am, and how I am feeling to make sure I am OK." Another person said "I'm on a strict diet, they understand this and they help me stick to it."

Staff understood people's health and support needs and ensured they reported changes so that the person's new needs could be met. We were given numerous examples about how they had responded. For example one told us "I supported someone who was a single call, but noticed in the evenings that they were struggling to get out of their chair. I spoke with them and reported to the office that I had noticed a change. We now have two staff who attend for this person and have been given equipment to help them with their mobility." There was a policy in place about changes in people's health needs. This detailed how staff should respond in the event of a person's needs changing. From our conversations with staff we could see they understood their role and responsibility if a person's health changed.

An induction programme was in place which gave staff the skills to meet the needs of the people who used the service. The registered manager explained that all staff completed an induction before they supported people. This lasted one week for office based training and was then followed by a 12 week induction period which included working alongside more experienced staff and completing an induction workbook. The length of time a new staff member worked with experienced staff depended on their experience, whether they felt they were ready, and a review of their performance. The induction and workbook had recently been updated so they now reflected the current best practice guidance. Records showed new staffs' competence was checked before they were signed off as

Are services effective?

(for example, treatment is effective)

complete. We asked people if they felt that the carers were sufficiently trained. One person told us "They go on courses, I'm happy with them". Everyone we spoke with felt that staff had received a good standard of training.

Training records showed that most staff had up to date training to enable them to meet the needs of the people they supported. For example fire awareness, moving and handling, medication, and personal care were all up to date. However some improvement was required. When we looked at care records and cross referenced with staff training we saw that two staff were supporting people by preparing meals, but had no up to date food hygiene training. This meant they may not be up to date with current best practice when preparing food.

We saw that most care staff had on-going one to one meetings with a senior member of staff. These meetings are sometimes called supervisions. These were used to discuss issues the staff member may have had and to talk about any training they may need. The registered manager told us that the plan was for every staff member to have a meeting with their manager every "Three months or so." We noted from the supervision plans for each team that some staff had not had supervision within this three month period. The missed supervisions were clearly identified on the plans and we could see the team leaders had taken action to try to rearrange the meetings. The registered manager told us they were aware of the situation with missed supervisions, and were closely monitoring to make sure the service caught up with staff that had been missed. All the staff we spoke with said they felt very supported by their team leader and manager, and they could raise any issue they wanted, when they wanted.

The registered manager also ensured that observational supervisions were planned and completed. These were where a senior member of staff would accompany a care worker and watch how they gave care and support to people. They would then feedback on what had gone well, and what needed improving.

The service encouraged staff to develop their skills. One staff member said "I don't think we can ever have enough training. Britannia has asked me if I wanted to do a national qualification in care." Another staff member told us "I have already asked to go on further training; I want to do my level 3 course in care, and also training in palliative care."

Are services caring?

Our findings

People we spoke with told us they felt the service was caring. One person told us "Oh yes, definitely, they are like very good friends to me." Another person "They seem very caring and ask if I am alright" A third said "Yes, they send kind and friendly staff." A fourth person told us "They are very good at this point, they spend time talking with me."

We asked if people felt their individual needs were met and understood by staff. Most of the people we spoke with said that they were. One person told us "They are not in a large rush when they visit me. They chat all the time with me and know my needs." A second person said "They always ask how I am and ask about my day. They always ask if they can do anything else before they go." A third person told us "Oh yes, I chat with them about how I am and our families." Another person told us "They know what I can and can't do for myself. For instance they know that they can leave me in the shower as I can wash myself." A relative told us "I don't think all of them know all my family members needs as we get a raft of different people from Britannia. The support staff give is fine though when they arrive." Another relative told us "One day my family member refused to eat the meal prepared by staff as they thought staff hadn't washed their hands before making it. I left a note reminding staff and told the manager. My family member says they are meeting her needs now."

A person who used the service told us "Yes they know my health needs and position; they explain and talk with me. They show an interest in my health. They record what they do in my book. They sit and have a chat." Another person said "They do respect when I do things myself, like cleaning my teeth."

We asked staff how they ensured that they knew the person they were supporting and what support they needed. All of them said the information was contained in the person's care plan. They also told us that they felt it was important to speak to the person as well. One staff member told us "I talk to the person, find out their interests so I can have a conversation with them." They went onto say "The information is also in the folder in the person's house." The staff we spoke with were able to describe the individual needs of the people they supported, and how they went about meeting those needs. The staff we spoke with said that they felt the care plans were detailed enough so that they could provide good quality care. A relative told us "Oh yes they do a very good job. My family member can just about walk to the toilet, so they encourage her and assist where needed. They do take care, they always ask before they do anything."

The service had a confidentiality policy in place. It gave guidance to staff on areas such as service users rights, data collection and storage, disclosure if information, consent and disposal of confidential information.

The staff we spoke with had a clear understanding of confidentiality and privacy. One staff member told us "I can't share information with others, unless it is relevant, like a change in care needs." They went on to say "If they asked to tell me something in confidence I would have to tell them that I would have to pass on the information if it was about abuse, or their safety." Another staff member told us "I don't discuss things with other clients, and I don't tell anybody what we talk about, unless it is about abuse." This showed us that they had understood and put into practice the organisations policy on confidentiality. One person who used the service told us "They don't mention names and addresses when I ask where they have to go next." This meant that people could be confident that there personal details were protected by staff.

We saw that the service had a values policy in place. This stated "All staff members will respect the wishes and personal preferences of every service user and will never be judgemental of individual choices and beliefs." Staff were able to describe the values of the organisation when we asked. A person who used the service told us "They are kind and friendly staff." From the feedback that we received from people we could see that staff were working to the values of the organisation and that people's privacy, dignity and confidentiality were respected.

People told us that staff were friendly, showed an interest in them and took time, where they were able, to talk to them. One person said "I can have a chat with them. Generally they arrive on time and stay for the correct time. They always do everything they should in the call." Another person told us "They arrive on time and stay the time they should. Sometimes they are a bit quick, but things do get done. I have two staff support me, and they will only lift me when they have two staff."

People told us they were given the opportunity to talk to staff about their care or support. One person told us "Yes I got a questionnaire at least once a year and the office had

Are services caring?

phoned me a while ago to ask how things were going." Another person said "We have a meeting once a year". A third person told us "Oh yes I get a questionnaire. There has been no need to update my care plan for a while. In the past I rung up for another staff member to help me and I now get that extra support from them." Another person said "Yes they came and visited me. They have come several times now. It was a lovely lady and we had a long chat about my needs." This showed us that people had the opportunity to feedback to the service and staff responded in a caring way to meet people's requests.

We asked the registered manager about how people where given the opportunity to share their views about the service. They explained that quality assurance surveys had been completed in January 2014. They also told us that the office staff visited people in their home and did reviews with them. At these meetings people had been encouraged to give feedback about what they thought of the service they had received. We saw the results of the last quality assurance survey. The responses had been analysed and an action plan developed to address any issues that had been raised. This showed us that the service enabled people to express their views about the service in a number of ways.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

People were supported to express their views, and be actively involved in making decisions around their care and support. One person told us, "Yes I was involved; we made a care plan which is in my folder." Another person said, "My sister helped me when they asked about what care I wanted." A third person told us, "They always check with me and ask what I want to be done. They always ask if there is anything else they can do for me."

We looked at a sample of care files to see if a record of people's involvement had been recorded. We saw the person who used the service or their relative had signed forms. Records seen included care needs reviews that had taken place; care plans which involved family histories and backgrounds of the person; and risk assessments. One person told us, "Office staff came in when I started and did an assessment. I was involved. We went right through what I did and didn't require."

The provider had completed a survey in January of 2014. This recorded that 72% of the people that responded gave an overall positive response when asked whether they 'were involved in the planning of their care.' The service had since employed a full time assessor. This person's role was to develop more in depth care plans and ensure the people who use the service and their families were involved throughout the whole process. The responses we received from people we spoke with and the most recent documentation we saw showed that people had been involved in the care and support they received.

The service had a clear policy and procedure around the use of advocacy support. This made reference to the Mental Capacity Act (MCA) (2005) and stated that people would be asked if they would appreciate the services of an advocacy team. The policy also contained contact details for local advocacy services. The registered manager also showed us records of best interests meetings that they had attended. These had been led by the local authority.

People's capacity to make choices was recorded clearly in the care plans that we looked at. The registered manager was able to explain the process and how a person's capacity would be assessed if it was felt they may not understand a particular decision that may have been needed to be made. A staff member told us, "If a person lacks capacity we would need to have a meeting with the next of kin or family, the GP, nurses and social services and complete a form for best interests. We try to get people's decisions recorded before they lose capacity. I wouldn't be able to make the decision for the person." This showed us that the manager and staff understood the need to consider a person's capacity, and respond appropriately to ensure any decision made was in that person best interest.

People were complementary about the staff. They told us that when they visited staff took time to talk to them and asked them if they were happy with their support, and if it met their needs. People we spoke with said that the lateness did not really impact on their care. The People that we spoke with confirmed that staff had never missed a call, they always arrived eventually. From the feedback we could see that people felt the impact to them was low with regards to late calls, but the service did need to make improvements around attending calls at the agreed time or responding by informing people that staff would be late.

A Health Care Professional told us, "They keep us updated on the service users they provide care for, notifying us if they are readmitted to hospital, or wish to cancel calls or have passed away."

We saw from the care plans we looked at that people's preferences and lifestyle choices had been recorded. For example information around interests likes and dislikes and any cultural or religious needs were recorded. There were examples in the files where people's needs had changed and action had been taken by the service. For example by arranging for mobility aids to be used. One person told us, "I have rung up in the past and asked for an additional member of staff for extra support and they did this for me." The service completed a survey in January 2014. One of the questions people were asked was "if they felt they had choice and control over the care they received." 83% responded positively to this question. This showed us that the service had been responsive to peoples changing health care needs, and people felt involved in these decisions.

The care files we looked at had been regularly reviewed. Daily care records were also looked at to see if the care recorded by staff matched with what was in the care plans. The sample that we saw matched with the detail in the care plan. The people we spoke with also confirmed that the staff did everything they were meant to do when they visited. One person told us, "I wasn't expecting anything as good as I am getting. If they just addressed the issue with

Are services responsive to people's needs?

(for example, to feedback?)

getting a call if staff are going to be late and it would be perfect." Another person said, "They record what they do in my book. They sit and have a chat with me. They are all very nice."

All the people we spoke with said they would know how to make a complaint if they needed to. One person told us, "I would tell the manager. I've not had to do this yet. I only had one time when they were really late; they sorted the problem after that."

The staff we spoke with were clear on what they needed to do if someone made a complaint. One told us, "We encourage people to ring the office if they are unhappy. I have a good relationship with the people I support and know they would let us know if they were unhappy." This showed us that people understood how to make a complaint, and that staff would encourage people to raise any issues that they may have had.

A clear record was kept of each complaint that had been received. Each complaint had a sheet at the front that recorded the actions that had been taken, such as meetings with staff to discuss issues. It also recorded the contact that had been had with the person that made the complaint and the results of any investigation that had been carried out. From looking at the records we could see that people had been responded to in good time.

The complaints policy gave information to people that used the service on how to make a complaint, and how the service would respond. This had been recently updated and was also available in an easy read format. This meant that there was clear information available to people to help them bring a complaint to the attention of the service if they were unhappy with the care they received.

Are services well-led?

Our findings

Most people we spoke with told us they felt the service was well led. one person said, "I have been favourably impressed by the service." Another person told us, "It's all good."

Staff felt that the service was well led. One said, "The management are very supportive; we get clear direction from them." Staff were also able to describe the key challenges to the organisation. These match with what the senior management told us, and also with the feedback we received from people who used the service. The management had identified areas of the business that needed improvement and fed this back to the staff teams at meetings. They could then understand the issues the organisation faced, and help make changes. We asked staff if they felt there was a positive culture within the organisation. One staff member said, "I feel they take me seriously, they listen and understand. Everything I have said they have followed up on."

Britannia Homecare had a clear values statement in place. This was included in the induction process so all new staff were made aware of the values and their responsibility to work to them. Staff were aware of the values of the organisation.

Britannia Homecare had a whistleblowing policy in place. Whistleblowing is where a member of staff can report concerns to a senior manager in the organisation, or directly to external organisations. Staff had a clear understanding of their responsibility around reporting poor practice, for example where abuse was suspected. They also knew about the service's whistleblowing process and how they could contact senior managers or outside agencies if they had any concerns. The service had taken appropriate action when whistleblowing concerns had been raised, for example by supporting the people that had raised the concerns.

The majority of staff we spoke with felt that the senior managers of the service understood the culture of the organisation. One staff member said, "I have met the owners and feel they do understand what we have to do." Another said, "The owners used to do the job themselves; I'm always able to talk to them if I want." We spoke with one of the owners and the challenges they said the company faced were similar to those that staff told us about. This showed us that the senior managers had an understanding of the issues affecting the staff and people that used the service.

We looked to see if the service learnt from its mistakes, incidents and complaints. Where investigations had been required, for example in response to accidents, incidents or safeguarding alerts, the service had completed a detailed investigation. This included information such as what had caused the issues and the actions that had been taken to resolve them. For example issues raised had been discussed at team meetings. This would mean that there was a reduced chance of people who used the service being affected by this issue again.

There was a clear log of all complaints, compliments, accidents and incidents kept in the office. From looking at the records we saw that these were detailed and we could clearly see at what stage of the process each was at. This meant that opportunities to improve the service would not be missed, and staff and senior managers knew what was outstanding and required a response.

When areas for improvement had been identified by outside agencies the service took action to address them. This showed us that they had reviewed the feedback and planned and taken action to improve the service.

We asked people that used the service if they felt there were enough staff to meet their needs. Everyone responded positively, for example where two staff were required due to assisting someone to get out of bed, two staff were always available. One person said, "I get fairly regular carers, at odd times I get another one covering sickness. I don't think they could improve the care I'm getting." Another person said, "I always get two staff, but I feel they haven't got enough to cover when staff go sick." A relative told us, "The carers say they are rushed off their feet sometimes, but it doesn't affect the care they give to my family member." This showed us that people were happy with the staff and service provided when they arrived.

We asked people if staff missed calls or arrived late. Although all of them said they always got their call. However, we received varying feedback from people about staff not arriving when they were meant to. The main area of lateness was identified as being evening and weekend calls. One person said, "Say I have asked for staff at 9 am

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they do try, but they sometimes get waylaid or get told to go to someone else, so my time changes. It's not all the time, but we do have trouble sometimes with lateness. I phone Britannia and they do try to sort it out." Another commented, "Yes generally they are on time, but there are incidents when staff go off sick, maybe once every six weeks or so. I feel they struggle to cover my visits when this happens."

We spoke with the provider who was aware of the feedback from people about late calls. They were aware of the issue around evening and weekend calls and were in the process of recruiting more staff to cover these times. They explained that to try to minimise the impact on people the office was open at the weekends and had two staff. This meant that one of them could go out if a regular staff member got held up and would not be able to make a call, or had not turned up for work. They also explained that they always tried to schedule the calls so that staff travel distance was minimised. This was not always possible due to staff having to stay longer than expected to deal with an emergency, and staff telephoning in sick.

Although there were no breaches in the regulations, due to the feedback we received from people who used the service and staff we have identified that improvements are required. For example around the systems and resources available to ensure that staff attend appointments at the allotted times, and how and when people are notified when staff will be late.

The service had a registered manager in place. There was a clear organisation structure chart in place, which was discussed with new staff during their induction. This would ensure staff understood the lines of responsibility within the organisation, and who they could go to if they had concerns.

There were systems in place to drive improvement. Key performance indicators (KPIs) were in the process of being set by the organisation. These were targets that the organisation set for itself to be able to check if it was doing a good job. The KPI's were reviewed and discussed at team meetings. Examples of the subjects covered included on-going projects, such as the reviewed induction programme that had been introduced; Staff rotas to address the issues of late calls; and actions required to deal with issues that had been highlighted during spot checks. This showed that the manager regularly reviewed the performance of the organisation, and gave clear guidance and instruction to staff on areas that needed to improve.

The service had a robust business continuity plan (BCP). This included information on how to manage a disruption to the service due to issues such as loss of electricity, flooding, national events and road closures. The BCP identified each risk and gave a score based on the impact to the service and the systems that were already in place to deal with them. This meant that the disruption to people's care and support would be minimised.

This section is primarily information for the provider

Compliance actions

Action we have told the provider to take

The table below shows the essential standards of quality and safety that were not being met. The provider must send CQC a report that says what action they are going to take to meet these essential standards.

Regulated activity	Regulation
Personal care	Regulation 21 (Requirements Relating to Workers) of the Health and Social Care Act 2008. Appropriate checks had not been completed to ensure staff employed were of good character.