

Routes Healthcare (North) Limited

Routes Healthcare

Tameside

Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Outstanding ☆
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

We inspected Routes Healthcare Tameside on 11 and 12 October 2017. We gave the provider 48 hours' notice that we would be visiting the office to make sure that the appropriate people would be there to assist us with our inspection. This was the first inspection after the service registered with the Care Quality Commission in May 2016.

Routes Healthcare Tameside is a domiciliary care agency that works closely with healthcare commissioning teams in supporting people who have complex healthcare needs or are at the end of their life. The hours of support vary depending on the assessed needs of people. The service provides 24 hour support for some people with complex needs. At the time of our inspection 29 people were receiving a service.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People received extremely personalised care which was delivered in accordance with their wishes and lifestyle. The service employed a nurse, who with the support of care coordinators, carried out assessments which looked at people's interests and lifestyle choices as well as their needs. This enabled them to match people to staff who shared their values and therefore helped them to build relationships. This had proved valuable when working with people who found it hard to accept help.

Staff developed exceptionally positive and caring relationships with people and their families. Staff were very motivated and demonstrated a commitment to providing the best quality care to people in a compassionate way. People told us their privacy and dignity was maintained at all times.

There was a clear management structure in place and oversight from the provider. There were systems in place to monitor the safety and drive the continuous improvement of the quality of the service provided. A comprehensive programme of audits and checks were in place to monitor all aspects of the service, including care delivery, accidents and incidents, health and safety and medicines. Audits resulted in clear action plans to address shortfalls or areas of improvement.

The manager displayed good leadership qualities, drive and enthusiasm. They empowered staff to provide care that was tailored to people's individual needs. Without exception, people, their relatives and professionals told us they experienced and we observed, compassionate care from staff who strove for excellence. This ensured the service was run in the best interest of people who used the service.

Risks that were associated with people's care were assessed and managed well. Where people received support from staff with taking prescribed medicines, this was done in a way that ensured people were supported with their medication safely.

Safe recruitment procedures were followed before new staff were appointed. Appropriate checks were undertaken to ensure staff were of good character and were suitable for their role. The staff induction programme was comprehensive. Staff views were very positive about the support, guidance, training and supervision they received.

People were safe because staff had received training and understood the different types of abuse and knew what actions they should take if they thought that someone was at risk of harm. Staff were knowledgeable about the actions to take in the event of emergencies and about how the risks to people in respect of their care should be managed.

Staff demonstrated an in-depth awareness of the principles of the Mental Capacity Act 2005 and associated Deprivation of Liberty Safeguards (DoLS) within a community setting. The service was in the process of incorporating a section in people's care plans that assessed their mental capacity.

Some people received support with their food and nutrition. Where this was the case their nutritional needs and preferences were recorded in their care records. The service worked with external professionals to maintain and promote people's health and wellbeing.

There was a complaints procedure available which enabled people to raise any concerns or complaints about the care or support they received. People told us they felt able to raise any concerns with the registered manager and felt these would be listened to and responded to effectively and in a timely manner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

People were safe and protected from abuse because staff knew how to identify, report and act on any concerns they may have.

Safe recruitment practices were in place and there were enough staff deployed to meet people's needs safely.

People were fully protected because risk management plans reduced or mitigated the risks associated with their care and with their environment.

Good 

Is the service effective?

The service was effective.

Staff received induction and refresher training. Staff were supported with regular staff supervision, and their performance was regularly monitored.

People were protected by the principles of the Mental Capacity Act.

People were referred to relevant healthcare professionals if appropriate and their dietary needs were met.

Good 

Is the service caring?

The service was extremely caring.

People who used the service and their relatives consistently praised the excellent care provided saying care staff went the extra mile. People were supported to maintain their independence and received support from a consistent team of care staff.

Care staff spoke passionately about being committed to delivering high quality care.

Staff demonstrating kindness, patience and respect and people were given time to express themselves fully. Staff knew people

Outstanding 

well and interactions were relaxed.

Is the service responsive?

The service was responsive.

People received personalised care and support which was appropriate to their needs, preferences and aspirations. The service was very flexible and staff adapted the support they provided to constantly meet people`s changing needs.

Care plans were personalised and detailed and people were always involved in reviews of their care.

People were aware of how to make a complaint. Complaints were investigated and outcomes were shared with staff for lessons to be learned and sustain the changes implemented to improve the service.

Good ●

Is the service well-led?

The service was well-led.

The provider had designed and embedded a quality assurance monitoring system which continually monitored and identified any shortfalls in service provision.

There was a clear staffing structure and a good staff support network.

The people, relatives and staff we spoke with all felt the registered manager was caring, approachable and person centred in their approach.

Good ●

Routes Healthcare Tameside

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 legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Our inspection took place on 11 and 12 October 2017 and was announced. The provider was given 48 hours' notice, because the location provides a domiciliary care service and we needed to be sure that someone would be available at the office. The visit was undertaken by an adult social care inspector 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. The expert by experience telephoned people using the service or their families on the 11 October 2017.

The provider completed a Provider Information Return (PIR) in March 2017. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. Prior to the inspection we reviewed information we held about the service, including: The provider's PIR and notifications the provider had sent us about safeguarding and other significant events. We looked at any feedback we had received about the service.

We contacted the Clinical Commissioners Group (CCG) and contracts and quality monitoring teams in Tameside for feedback prior to the inspection. We received feedback from the CCG, which we used to help plan our inspection. No significant concerns were raised. Shortly after the inspection we contacted Stockport continuing healthcare team, who provided positive feedback on the service.

With their permission we visited two people and spoke with nine people who used the service, six relatives of people supported by the service, 11 members of staff, the registered manager, one nurse, the Human Resources and Development manager, and eight care workers. We also spoke to one community nurse

during the inspection.

We looked at the care records for four people and the medication records for two people who used the service. We also looked at a range of records relating to how the service was managed including three staff personnel records, training records and policies and procedures.

Is the service safe?

Our findings

We asked people if they felt safe when they used the service and all of them said they did. Comments from people included: "Yes of course I feel safe in my home, the care staff help me keep it this way" and "It is a safe service provided." One person's relative commented, "My relative is very safe with them [care staff]. She is blind so they have to be extra careful and talk through everything because she can't see them. They [care staff] are very patient with her. I have no worries."

We spoke with members of staff who were able to tell us about the action they would take in the event of them suspecting abuse or potential abuse. Staff told us they would speak with the manager and were aware of the possible intervention of other agencies such as the local authority or police. The registered manager was aware of their responsibilities to inform the local authority of any actual or suspected abuse. All staff received training in safeguarding adults and we confirmed this by looking at the company's training matrix; care workers also said they would report any suspicions of abuse to their managers. One care worker said, "There is a clear process if we need to raise concerns, I feel confident in doing this." This meant that care workers knew how to identify the signs of abuse and would report any suspicions appropriately.

The registered manager had also completed Tameside local authorities, Safeguarding Adult Managers (SAM) training. This meant the registered manager was equipped with the most up to date knowledge within the local authority and could network with other Safeguarding Adult Managers across Tameside, to share working knowledge and experience of the procedure. Due to the nature of the role and the responsibility it has, SAM's are staff employed as First Line Managers and above. SAM's also played a central role in the assessment of abuse and are responsible for the management and oversight of individual complex cases and co-ordination of safeguarding matters.

There were sufficient numbers of staff to meet people's needs. The majority of people we spoke with told us they had not experienced any missed calls or calls that were significantly delayed. People using the service were supported by care workers visiting their homes at an arranged time for an agreed duration. We asked people if care workers arrived on time and stayed for the duration of the time they were allocated. Comments included, "I can rely on the staff to turn up for sure. Last night there was an issue with someone not turning up, but this was the first time that this has happened and Routes offered another staff member to attend"; and, "The staff are great, I can rely on them." One person's family member commented that previously they had a problem with two care workers, but this matter was soon addressed. Their comments included, "I had to complain a couple of months ago because they sent two different carers and they were rushing [person's name]. I phoned the office and they were marvellous, really good and said they would make sure it didn't happen again and it hasn't." This meant that care workers were reliable and did not cut care visits short, and when a problem with staffing had been identified the provider ensured changes were made straight away.

We asked the registered manager how visit rotas were managed. The registered manager told us wherever possible, staff were assigned to particular geographical areas so people were visited by the same care staff and received continuity of care. The provider used a computerised system to book people's visits and to

allocate care workers to them. The system was effective at ensuring care workers were skill-matched to each person. This meant care workers who didn't have the necessary skills or competencies would not be matched up with people to ensure there was continuity of care.

The care workers we spoke with told us that there was sufficient time allocated between visits for them to travel to the next person's house. Three care workers commented, "The manager is fair, we always have travel time included", "In the past travelling between jobs was difficult, but that has been rectified now"; and, "I never feel like I have to rush, which is great."

All new employees were appropriately checked through robust recruitment processes, we looked at three staff records. We found that staff had been through a thorough recruitment process before they started work. Checks were in place from the Disclosure and Barring Service (DBS) to establish if staff had any criminal record which would exclude them from working in this setting. References and DBS checks were confirmed before staff started work at the service. The personnel files we looked at contained a copy of the original application in which gaps in employment were explained. Each file also contained two written references and records of their interview. Employees had provided photographic identification which had been copied and stored on file. This meant that new care workers employed were suitable to work with vulnerable people.

As part of the initial assessment before providing a service, a risk assessment including a home safety assessment was carried out, usually by the one of the team coordinators or the nurse. These assessments led to either planned reductions in risk or the creation of contingency plans to manage the risk, if this was the person's choice. Each risk identified had details included on how the risk should be mitigated. This meant people were still able to make choices about how they lived their lives, and how their care was delivered. Staff we spoke with felt the high levels of contact between the registered manager, office staff and people receiving the service and their families helped to ensure these issues were discussed and resolved quickly. Staff had confidence that if issues arose they could contact the office or their out of hours on call service for advice and support.

Some of the people using the service were supported with their medicines. All of the care workers we spoke with said that they had received training in medicines administration and we confirmed this by looking at the company's training matrix. We looked at the medicines administration charts for two people supported to take their medication by care workers. Medicines were written up clearly and recorded as being given consistently. Audits were undertaken of the medicine records once they were returned to the office. These highlighted areas such as any gaps within the records. The registered manager ensured the appropriate action was taken when errors were highlighted by ensuring the staff member received refresher training.

One person we spoke with received assistance with their medicines; they told us, "I'm self-medicating, but they do hand me my blister pack because of my mobility." Another person we spoke with commented, "They [care staff] sort out the tablets in the morning and give them to me in a little pot with a drink of water. They read out what the tablets are and the dose and write it all down what they've given me." This meant that the service was effective at supporting people to take their medicines.

Accidents and incidents to people were recorded and care plans and risk assessments updated when needed to reduce the risk of similar incidents occurring in the future. The registered manager told us about the system in place for reporting accidents and incidents and confirmed they were analysed for trends to try to reduce the number of incidents. We saw incidents were thoroughly investigated and that appropriate action had been taken including making referrals to safeguarding agencies where needed.

Is the service effective?

Our findings

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 make 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.

People who live with conditions such as dementia or those with learning disabilities sometimes lack the capacity to make some decisions. For example, how to spend their money or where they live, but retain the capacity to make other decisions, such as what hobbies they enjoy or what food they'd like to eat. Sometimes people can make decisions with support or be better able to make a decision at a certain time of the day. It is important that people who may lack capacity are assessed to find out which decisions they can make, which they need help to make and which decisions need to be made for them. Decisions made on people's behalf under the MCA are called best interest decisions.

Routes Healthcare Tameside provides support to people living within a community setting therefore any decision to deprive a person of their liberty within the community must be legally authorised by the Court of Protection. We found that people's mental capacity to make decisions was assumed unless there was concern to suggest otherwise. Where people did not have capacity to make decisions about their care or support, meetings were held with people, their relatives and health & social care professionals to ensure that any decisions were made in people's best interests. This was in line with the Mental Capacity Act (2005) Code of Practice MCA.

The registered manager provided us with new MCA documentation that was due to go in all care plans as part of people's assessed needs. The registered manager said the provider had identified this as an area they needed to develop further to ensure people's mental capacity was appropriately assessed and understood.

We saw evidence of consent in people's care records. For example, in the care records we reviewed we saw people had signed their support plan and consented to the care and treatment provided by staff. The staff we spoke with told us they always asked people's consent before assisting them with any personal care tasks and that care and support was provided in line with their agreed care plan. One staff member said, "Consent is vital, we want to make sure people remain independently as possible, and I believe we do this by ensuring we give people choices."

We received very positive feedback from one health care professional we contacted. Feedback included, "[The registered manager's name] has been very creative in providing a package suitable for [person's name] (a complex neurological client) and they have kept me updated on their overall conditional status and has been following up on health issues with their GP. I also know [registered manager's name] has been in regular contact with their family for their feedback on their staff and the package. In response to their

feedback [registered manager's name] has removed two staff who did not gel with [person's name] in same way as other staff have."

People were confident staff had the skills required to meet their needs. Comments from people included, "[Person's name] had problems with pressure sores, but the carers have been on it like a hawk and had the district nurses straight out to them. They're very good", "I think they [care staff] are really well trained and know what they are doing. We don't always get the same staff, but it doesn't matter to us because they are all very good" and "I am more than confident the staff are trained to support me."

Staff felt the training and support they received was excellent. Staff said the support they received was tailored to their needs and the needs of the people who used the service. One member of staff said when they started to work with one person they had done six shadow visits with an experienced member of staff. They told us the person was very anxious and had very strict routines about how their care and support was provided. The member of staff said "I don't feel I am rushed with learning people's care needs, the manager allows me to learn at my own pace."

The registered manager and their team made sure that training provided to staff was delivered in a way that maximised staff's learning and therefore continually improved the care provided to people. All new staff completed the Care Certificate which is a set of standards that social care and health workers stick to in their daily working life. It is the minimum standards that should be covered as part of induction training of new care workers.

Staff received key training in health and safety, food hygiene, fire safety, first aid, medication, moving and handling, safeguarding and dementia awareness. Additional training courses were also provided for staff who supported people who had specific needs such as epilepsy or percutaneous endoscopic gastrostomy (PEG) feeding. Practical manual handling and PEG training was also completed in people's home with the equipment staff were using when supporting people. The registered manager had robust systems in place that detailed when care workers required their training competencies reviewed by the provider's nurse.

One person who used the service had complex needs and required staff to use various pieces of equipment when supporting them. The provider's nurse explained that they trained new staff to use the equipment at their own pace. During this time the staff always worked with a fully trained colleague, to ensure they felt confident. Once the care worker had been trained the nurse observed them using the equipment before signing them off as being competent. This meant new staff gained a better understanding of the people being supported. Throughout a person's probation period, team coordinators or the nurse held regular reviews in order to continuously assess competency and suitability for the role.

Staff received regular supervision with senior staff and the staff we spoke with all told us they were supported in their roles. Comments from staff included, "I have only been with Routes for two weeks and I have already had a supervision, this was helpful", "The management team are always on hand to provide support and yes I do have regular supervisions" and "Can't fault the service, been with them for years I love my job and feel supported."

In addition to supervision meetings, staff were periodically observed whilst they provided care to people. Spot checks and observed visits were carried out by senior staff, some of which support staff were made aware of in advance, and some that were unannounced. Part of the visit involved asking the care worker how they were, if they had any issues or training needs. This meant that the service had an effective appraisal system in place for its staff that focused on personal and professional development.

Where support was provided 24 hours a day we saw that staff supported people with all their nutritional and continence needs. We viewed a number of fluid, continence and pressure area turning charts during our home visit. We found this person's monitoring charts had been accurately completed.

We asked people if care workers assisted them to book appointments with other healthcare professionals to help maintain their holistic health. The people we spoke with usually managed their own appointments or had families that did this for them. Some people did tell us that care workers had made calls for them if they asked and also accompanied them to healthcare appointments, such as the dentist and outpatients at the hospital. One person told us, "My health appointments can be complex, so it is reassuring to have my care staff with me."

Is the service caring?

Our findings

People who used the service told us they received high quality, compassionate care. Without exception everyone we spoke with was extremely complimentary about the agency and the staff who supported them. Comments from people included, "It's lovely when they [care workers] come because we have a joke and that. One of them [care worker] comes in singing which brightens me up", "I've had a new one [care worker] she is really lovely. She looked through the book and then sat and talked to me about how I like things doing. She said, 'You're in the driving seat so it's up to you to tell me if I get anything wrong and then I can put it right,. She was lovely", "I do have a preference for one carer over the others but that's just human nature. My regular person is like a little mother to me" and "I think the carers are marvellous."

A relative told us how staff showed kindness when they provided care and support. They said, "I cannot fault the carers, they are very kind and make this whole process much easier."

The service's ethos, vision and values promoted people's rights to make choices and live fulfilled and valued lives. This was well reflected in the exceptional care and support people received from a committed, passionate and caring group of staff. The provider's mission statement and philosophy detailed a key point, "Excellence in all that we do."

The staff we spoke with told us they helped people who used the service to remain as independent as possible and to remain in control of their daily lives. We were provided with one example of how they supported a person who at first was resistive to support, but the service looked at alternative strategies on how they could support the person better. The person had a series of challenges brought on due to changes in their health, which meant the person was not able to work or provide for their family. As a consequence the person developed behaviours that challenged others and alcohol misuse. The person wanted to turn their life around and regain their independence. Routes Healthcare Tameside assessed this person's needs and created a risk management plan with the person, to help care staff identify early triggers and developed strategies around these to support the person. A dietician was enlisted, which provided the person with educational support on how a healthier diet could improve their condition and assist with an alcohol reduction plan. Care workers were provided with bespoke mental health training sessions which were tailored to this person's specific needs, triggers and behaviours, to ensure the best outcomes of support. With techniques and daily management in place, this person's care team had provided stability and independence to this person's life. This person was no longer reliant on alcohol and with their increased mobility, linked to the positive health changes made, this resulted in the person buying a car to assist them with connecting to their previous career. The person provided feedback to the service and said they feel happier and more positive, benefiting from a much-improved quality of life. This example demonstrated how the staff team went the extra mile to help this person to gain control of their life and focus on a plan of regaining their independence. In achieving this their dignity was restored and they felt more valued.

People told us they were involved in planning their care and records showed the service provided to people was based on their individual needs and preferences. When planning, staff took account of the support the person required, the preferred time for calls and where possible, the care staff they liked to be supported by.

People's views were respected and acted on and the managers always tried to match the skills of care staff to the person they were supporting. Where appropriate family, friends or other representatives such as advocates were involved to act on behalf of the person using the service and were involved in planning care. Advocates help to ensure that people's views and preferences are heard. Policies and procedures were in place to arrange advocates for people should this be needed.

Staff were knowledgeable about people's care and treatment needs, and told us how different people liked to be cared for. They told us how they treated people with respect and how they provided a compassionate service. During our home visits we observed staff providing caring interactions with people and speaking passionately about the care they provided.

All staff spoke proudly about their roles and responsibilities. They spoke about the importance of treating people with compassion, of understanding people's needs and providing the best possible care. Comments from staff included, "I have worked for many care companies, but none are like Routes. I feel we make a difference and we are passionate about what we do", "I think the culture of the service is valuable, we care about what we do" and "We treat the people we care for like family."

During our two home visits we observed staff demonstrating kindness, patience and respect and people were given time to express themselves fully. Staff knew people well and interactions were relaxed. For example, we observed one care worker talking passionately during a meeting with a community nurse about a person's care needs. We observed another staff member supporting a person in a caring and sensitive manner when the person's eyes started to water, the staff member was quickly on hand with a tissue to support this person.

We were shown the many written compliments the service had received. One read, "During [person's name] illness, they [care staff] treated [person's name] with care and dignity at the time when we needed it most, they were magnificent."

Visiting professionals also spoke highly of the service. One professional wrote to us and said, "Routes team are responsive and creative in working to develop care packages for complex health care needs. The level of communication and professionalism has been consistent and this has enabled me to ensure the right care is commissioned according to their health changes in a timely manner." Shortly after the inspection the lead nurse from Stockport continuing healthcare also provided extremely positive feedback, their comments included, "Routes Healthcare Tameside are very caring and will always ask for further information about people's needs. They're great at keeping us updated on people's care and will always take on end of life care in a timely manner to ensure people can come out of hospital Routes are always our first port of call when we identify a care package for people."

Staff told us, and we saw from the rota's, that people were offered excellent continuity of care and had regular care staff who provided the majority of their care. One person who used the service told us, "I have a small staff team which I have hand-picked, I can rely on them." This meant people who used the service had the opportunity to get to know staff who were supporting them and the quality and experience of their care was reflected in this.

People told us they very much valued the level of communication from the service and in particular the rota they received each week detailing the times and the care staff who would be visiting them. We were told the rota was accurate and if there needed to be a change of care staff or time, someone from the office would phone to discuss the changes with people. Care staff spoke passionately about the people they supported and wanting to provide excellent care for people. One staff member said, "I am passionate about the care

we deliver. I know we make a difference in people's quality of life" and another staff member said, "We do put the hours in, because we care."

People could be confident that the care they received at the end of their lives would be professional, kind and compassionate. In addition to providing day to day care for people, the agency often provided short term care which enabled people to return to their own homes at the end of their life. Routes Healthcare Tameside at the time of our inspection were supporting four people who needed end of life care. Staff we spoke with demonstrated a commitment to providing high quality care and support to people. One staff member told us, "I understand the importance of respecting people's choices if they wish to stay at home during their last moments. I know we have a caring and passionate team on hand to provide people with this level of support." This showed end of life care was a high priority for Routes Healthcare Tameside and they understood the importance of affording people with this choice, control and dignity at the end of their lives. In doing so it meant the culture of the service was passionate at delivering it.

Staff told us that the care co-ordinators, registered manager and other office staff were available for them to talk to if they needed any advice or support with a person's end of life care. The complex care assessor had completed the Six Steps for end of life care programme and provided advice and training for staff in the provision of end of life care.

We read the notes from a call to the provider the month prior to our inspection visit from a relative of a person who had recently passed away. The relative had commented, "Thank you to the girls [care staff] from the pop ins, for delivering a fantastic service and for making [person's name] comfortable. They [care workers] all had a brilliant attitude."

Staff had a good understanding of people and their needs. They were able to describe how they would promote positive relationships and respect people's diversity. The provider had a clear statement and supporting policy and procedures regarding equality and diversity. Training was provided to staff on promoting equality and diversity to support this commitment. Positive feedback had been gained through reviews and the provider's survey about the caring approach of staff.

We saw that systems had recently been introduced to reward staff for providing excellent care. These included a letter being sent directly to staff when the service had received a compliment about that staff member. This was then kept on the staff members personnel file and was used as part of the annual appraisal. Staff could also give a colleague a 'golden ticket' if they thought they had done an excellent job. A quarterly draw was then made with the winners receiving various prizes.

Is the service responsive?

Our findings

People received a care service that was highly responsive to their needs. Before a person started to receive care, a detailed assessment was completed by the nurse or one of the care coordinators, to make sure their needs could be met. One person commented, "When we first started with them [Routes Healthcare Tameside], they came and went through everything I need. They did a risk assessment of the house and made a few recommendations for me to think about. They made it clear that if anything changes (in what support is needed) they will come and talk to me about it. It's very reassuring to be honest."

We looked at the care files of four people who used the service in the main office and at one other care plan in a person's own home, with their permission. Each person had a 'summary of care' towards the front of their file. This contained a section which described the person's personality, likes, dislikes and preferences along with details of anything staff should not do when supporting the person. This was followed by a detailed plan of the support provided at each visit the person received. Care workers were expected to read each care plan and sign in acknowledgement that they had fully read and understood people's care needs prior to providing support to people.

People's assessed needs and previous medical history had been captured in the care plan. Care plans described the level of care and support people required to meet their needs and ensure they were safe. We saw care plans demonstrated the level of assistance required and showed where people could be independent in their own care where possible. It was evident these were reviewed to reflect changes in people's needs. Care plans were dated and signed to show when they were last updated. We found the care files to be concise and filed in a consistent order so that they could be navigated easily. Each file contained assessment documentation relating to the areas of support people needed plus a table showing their preferred hobbies and interests.

The provider employed a nurse who was responsible for reviewing people's complex care needs with them approximately every two/three months. All of the people and their relatives that we spoke with agreed that their care plans could be adapted at any time to suit them and commented that they did receive regular reviews with either the nurse or care coordinators. Comments included, "I've not had a review yet but they are coming in a week or two to go through the care plan", "They came and talked to us about the care plan. They've made it very clear that if we find we need more support they can come and review things with us" and "That's one thing about Routes, they are always eager to sit down with you and review your care, that's very good in my opinion." This meant that the service was flexible so that care visits could be changed and adapted to suit the needs and wishes of the person.

We look at the daily records of four people who used the service. Daily records are the notes written by care workers at the end of their visits to people's homes, which describe the support they have provided. Daily records should make reference to people's care plans and evidence that people have received the support they have asked for. The daily records we saw provided evidence that people were supported in a person-centred way according to the detail in their summary of care documents. This meant that people received the support from care workers that they had asked for and that was described in their daily records.

The agency worked closely with other professionals to support people who had been identified as being at risk in their own homes but did not wish to consider alternative accommodation. The flexibility and responsiveness of the agency allowed staff to work at the person's pace to build trust and eventually provide care to people who had very complex mental and physical health needs. This meant people could remain in their own homes with minimal risk and improved quality of life.

The service had a complaints policy which set out the process and timescales for dealing with complaints. The service had received nine formal complaints in the last 12 months. We read the documentation relating to each of the complaints and could see that the registered manager had resolved each complaint in a timely fashion in accordance with the policy. The registered manager was confident they had a clear overview of the complaints the service received, but acknowledged this outcome should have been clearly recorded.

We asked people who used the service if they had ever raised a complaint to the agency. Comments included, "If I was worried about anything I would have no problem in ringing the office. I think the communication from them is pretty good. I must say though that I've got no complaints at all" and "There is nothing to complain about, I have a complex care package and I think they're doing well."

Is the service well-led?

Our findings

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The registered manager demonstrated an up to date knowledge of all the people who used the service without referring to records. The manager directly supported people who used the service with their care and support. One staff member said, "The manager is very approachable and will always try and help out if she can."

We asked people and their relatives using the service if they thought the service was well managed. Those we spoke with were overwhelmingly positive with their feedback. People told us, "I'm very happy with this service. I've never had a bad carer from them. They are so willing. Sometimes I ask them to do something like emptying the bin and they are all very obliging like that", "As far as I can say, I think the service is run well. They phone up every now and again to ask if everything is alright, but if I was worried about anything I'd tell the carers first of all", "This seems to be a good service as far as I'm concerned. I have no worries" and "Whenever I've phoned up, they've been really good. They've listened to me and if they can sort things out then they do."

The service benefitted from a strong management structure which provided clear lines of responsibility and accountability. The provider of the service, operations manager, clinical governance manager, registered manager, training manager and other office staff were available throughout the inspection. The management team worked closely together supporting each other with the different aspects of running the service.

Staff knew their roles and responsibilities and felt involved and listened to. Staff told us they met regularly to discuss all aspects of the service and all staff we spoke with felt respected and consulted about the service delivery. There was evidence of regular staff meetings, from senior staff meetings to peer support meetings held in order to ensure that everyone had an opportunity to contribute. These meetings provided all staff with opportunities to discuss people who used the service, any changes or concerns and share positive experiences.

We looked at the arrangements in place for quality assurance and governance. Quality assurance and governance processes are systems that help registered providers to assess the safety and quality of their services, ensuring they provide people with a good service and meet appropriate quality standards and legal obligations. Monitoring of the service was good. The management team within the service shared responsibility to ensure a wide range of audits to maintain people's safety and welfare were completed. These looked at quality in areas of the service such as medicines, care records, staff records and health and safety. Any areas identified as needing improvement during the auditing process were analysed and incorporated into a detailed action plan. A detailed report was frequently produced in relation to quality. We

saw there was a culture of continuous learning and improvement.

We saw that spot checks were carried out for each member of staff regularly and we saw that no issues of poor practice had been picked up. The registered manager commented that these spot checks were used to provide staff with support and not used to catch staff out.

The provider carried out a number of satisfaction surveys to seek the views of people who used the service. Feedback from people was very positive. The surveys were analysed and the action points taken and tracked to ensure the necessary changes were made. In discussion with the registered manager and the Human Resources and Development manager, the service was looking to introduce further audits to ensure it covered professionals and provided a summary to the people who participated in the surveys, capturing themes and what actions had been implemented from their comments. We found staff surveys were completed in September 2017, and the provider was in the process of analysing these results.

We found the registered manager and staff team were passionate and proactive in making a difference to people who used their service. For example, the service introduced 'lunch and learn' meetings for all staff to attend throughout the year. These meetings were an opportunity for the registered manager to provide staff with updates about the service and discuss best practice, such as information about the mental capacity act. One staff member commented, "The new lunch and learn meetings are great. It's a brilliant way to learn while staff can sit around a table and not feel pressured."

The provider also shared with us their commitment to raising money for charity. In October 2017 staff raised money for Macmillan Cancer Support, by arranging a cake sale. The staff team raised £461.90, and this was matched and rounded up to a £1,000 by the director of Routes Healthcare.

The registered manager made statutory notifications to CQC in a timely manner and follow-up information was provided when appropriate.