

Routes Healthcare (North) Limited

# Routes Healthcare Burnley

## Inspection report

Office 16, Northbridge House  
Elm Street Business Park  
Burnley  
Lancashire  
BB10 1PD

Date of inspection visit:  
26 October 2018

Date of publication:  
12 December 2018

Tel: 01282922515

Website: [www.routeshealthcare.com](http://www.routeshealthcare.com)

## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

We undertook an unannounced focused inspection of Routes Health Care Burnley on 26 October 2018. This inspection was prompted by an incident which had an impact on a person using the service. This matter is subject to an investigation by another agency but indicated the potential for concerns about the management of risk in the service. The team inspected the service against two of the five questions we ask about services; is the service safe and is the service well led.

No risks or concerns were identified in the remaining key questions through our ongoing monitoring or during our inspection activity so we did not inspect them. The ratings from the previous comprehensive inspection for these key questions were included in calculating the overall rating in this inspection.

This service is a domiciliary care agency. It provided personal care to people living in their own houses and flats in the community. It provided a service to people who were considered to be at the end of their life.

The service had a registered manager in place. 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.

All the staff we spoke with confirmed they had received safeguarding training and that safeguarding policies and procedures were in place to guide them in their roles. Training records we looked at showed that safeguarding adults was an annual, mandatory course [a course the provider had deemed necessary as part of people's roles]. Other safeguarding records we looked at showed the registered manager had notified the appropriate authorities when a safeguarding concern had been raised.

The service had a recruitment policy in place to guide the manager on safe recruitment processes. We looked at four staff personnel files. There was excellent evidence of records to demonstrate adequate checks had been undertaken prior to making a decision to employ people.

Records we looked at also showed that continuous checks of staff competence and suitability was monitored through spot checks, direct observations, supervisions and appraisals. This meant the registered manager and provider were able to ensure any concerns or gaps in knowledge were addressed to ensure staff remained suitable and competent.

We saw where concerns or complaints had been highlighted about the conduct of any staff member, the registered manager and provider had acted accordingly through robust disciplinary procedures.

We looked at how risks to people's individual safety and well-being were assessed and managed. Care records contained risk assessments in relation to areas such as pressure ulcers, skin integrity, medicines and moving and handling.

Some people who used the service required equipment such as hoists to assist them to move. All the staff we spoke with told us they had received moving and handling training and this was in a classroom so they could practice using the equipment. Whilst the service was not responsible for the maintenance of any equipment, staff knew to report any faults or safety issues to external agencies.

We noted records were kept in relation to any accidents or incidents that had occurred at the service, including falls. All accident and incident records were checked and investigated where necessary by the registered manager.

All the staff we spoke with, told us they had received training and were aware of their responsibilities in relation to infection control. The service had an infection control policy to guide staff in their roles and to reduce the risk of cross infection.

We asked the quality manager how they shared any lessons learnt. The service was open and transparent about lessons learnt. The quality manager told us all lessons learnt were discussed at board level so there was appropriate oversight.

All the staff we spoke with told us the registered manager was approachable and the service was well run. Throughout our inspection we found the registered manager was knowledgeable about the service and people who used the service.

The service promoted a clear vision and approach to deliver high-quality care and support which achieved positive outcomes for people.

We looked at how people who used the service, staff and others were consulted on their experiences and shaping future developments. All the staff we spoke with told us they felt supported in their roles and were confident if they raised any concerns or issues they would be addressed.

Records we looked at showed staff also had regular supervisions to support them in their roles. However, we found some staff were unaware or were concerned what they needed to do when a service user passed away. We have made a recommendation that the service considers current best practice guidance on end of life care plans.

People who used the service and their relatives were also consulted about the service and if any improvements could be made. We saw surveys were given out to people and their relatives on a regular basis.

The service also had 'carers feedback forms' in place. These were given out to people who used the service to gain their feedback about their experience with staff and if there was anyone they would like to nominate for an award.

We noticed throughout our inspection there was a 'no blame' culture, which supported and promoted everyone to be transparent and open to ensure improvements were made. There was an emphasis on improving the service for the benefit of people using it.

All the staff we spoke with told us they would definitely be happy for one of their family members to be cared for by the service.

## 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.

We reviewed how people were protected from abuse, neglect and discrimination. Staff had received safeguarding training and knew their responsibilities to report any concerns. The registered manager had dealt with any safeguarding concerns and informed the necessary authorities.

The service had robust recruitment systems and procedures in place. We saw excellent evidence of recruitment records to show staff had been safely recruited, in line with policies and procedures. Records we looked at also showed that continuous checks of staff competence and suitability was monitored through spot checks, direct observations, supervisions and appraisals.

The service were open and transparent about lessons learnt when incidents/concerns/complaints had been raised. Records showed what had changed as a result of lessons learnt and all were discussed at board level so there was oversight of the service.

Good 

### Is the service well-led?

The service was well led.

The service promoted a clear vision and approach, to deliver high-quality care and support which achieved positive outcomes for people.

The service had good incentives for staff members which promoted staff retention. One staff member had been made an 'excellence in care trainer' as a result of their role model way of working with people.

We noticed throughout our inspection there was a 'no blame' culture, which supported and promoted everyone to be transparent and open to ensure improvements were made. There was an emphasis on improving the service for the benefit of people using it.

Good 

# Routes Healthcare Burnley

## 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.

This inspection took place on the 26 October 2018 and was unannounced.

The inspection team consisted of one adult social care inspector and one inspection manager.

We visited the office location on 26 October 2018 to see the registered manager and staff; and to review care records and policies and procedures. We did not speak to people who used the service due to people being considered at the end of their life.

This was a focussed inspection and was prompted by concerns raised with us about the safety of a person who used the service. These concerns had also been brought to the attention of the police and local safeguarding team. We wanted to be sure people using the service were safe and if risks were being managed.

In preparation for the inspection, we reviewed the information we held about the service such as notifications, complaints and safeguarding information. We also spoke with the police and local safeguarding team.

We reviewed a range of records about people's care and the way the service was managed. These included the care records for three people, medicine administration records, staff training records, four staff recruitment files, staff supervision and appraisal records, minutes from meetings and records relating to the management of the service.

We also spoke with the registered manager, operations manager, quality manager and two care staff. Due to the nature of service being provided [end of life care] it was not suitable to visit people in their own homes.

## Is the service safe?

### Our findings

We reviewed how people were protected from abuse, neglect and discrimination. All the staff we spoke with confirmed they had received safeguarding training and that safeguarding policies and procedures were in place to guide them in their roles. They were able to tell us about the different types of abuse they needed to be aware of and what action they would take if they suspected any abuse was occurring. For example, one staff told us, "I would always report any concerns and do an email trail as well. I would speak to [name of registered manager] and I would follow it though. [Name of registered manager] is good at giving us feedback and telling us what has gone on." Another staff member told us, "I would always report any concerns. I would ring the office or the on-call."

Training records we looked at showed that safeguarding adults was an annual, mandatory course [a course the provider had deemed necessary as part of people's roles]. All the staff training records we looked at contained an up to date certificate to confirm they had attended this course. Other safeguarding records we looked at showed the registered manager had notified the appropriate authorities when a safeguarding concern had been raised.

We checked if the staff recruitment procedures protected people who used the service. The service had a recruitment policy in place to guide the manager on safe recruitment processes. We looked at four staff personnel files. We saw that all of the files contained an application form and two references. Any gaps in employment had been checked by the registered manager. Checks had been carried out with the Disclosure and Barring Service (DBS). The DBS identifies people who are barred from working with children and vulnerable adults and informs the service provider of any criminal convictions noted against the applicant. Prospective staff were interviewed using a set of questions the provider deemed important in relation to the position being applied for. There was excellent evidence of records to demonstrate adequate checks had been undertaken prior to making a decision to employ people.

Records we looked at also showed that continuous checks of staff competence and suitability was monitored through spot checks, direct observations, supervisions and appraisals. This meant the registered manager and provider were able to ensure any concerns or gaps in knowledge were addressed to ensure staff remained suitable and competent.

We reviewed how the service managed staffing levels and the deployment of staff to support people to stay safe and meet their needs. We asked staff if they felt there was always enough staff to meet the needs of people using the service. They told us, "Staffing levels are really good. They are always there to support you, so if you feel unwell they will cover you. Some people are allocated an hour or half an hour; if we go in they may just want a cup of tea and then we can have a chat" and "People have allocated times, we are not rushed. We make sure everything is okay. Sometimes people just want to chat with us."

The registered manager, operations manager and quality manager spoke to us about the call monitoring system they had in place to monitor for any missed or late visits. Whilst the current system was not electronic, it was possible to monitor if staff had not attended a visit or if they had attended late. However,

the operations manager spoke to us about a new electronic system that was being piloted in another branch, which they were hoping would be rolled out across all the branches. This would be a quicker way of identifying if a staff member was late or if they had missed the visit. Records we looked at showed no missed visits had occurred within a three month period.

We saw where concerns or complaints had been highlighted about the conduct of any staff member, the registered manager and provider had acted consistent with a robust disciplinary procedure.

We looked at how risks to people's individual safety and well-being were assessed and managed. Staff we spoke with were aware of their responsibility to keep people safe when supporting them in their own homes. Care records contained risk assessments in relation to areas such as pressure ulcers, skin integrity, medicines and moving and handling. The risk assessments were person centred and were completed to keep people safe and not restrict what they wanted to do. Environmental risk assessments were also completed to ensure any hazards within people's homes had been considered to keep everyone safe. All the assessments in place provided staff with guidance to minimise risks.

Some people who used the service required equipment such as hoists to assist them to move. One staff member we spoke with told us, "We use slide sheets but we don't use many hoists. We also use stair lifts. We have been trained to use hoists and slings." All the staff we spoke with told us they had received moving and handling training and this was in a classroom so they could practice using the equipment. We saw one external professional had commented about a staff members ability with a moving and handling procedure, they commented, "So impressed with the knowledge of the girls and the passion towards getting [name of service user] into bed." Staff knew their responsibility to visually check equipment was safe to use before they undertook any moving and handling procedure. Whilst the service was not responsible for the maintenance of any equipment, staff knew to report any faults or safety issues to external agencies.

We noted records were kept in relation to any accidents or incidents that had occurred at the service, including falls. All accident and incident records were checked and investigated, where necessary, by the registered manager. This was to make sure responses were effective and to see if any changes could be made to prevent incidents happening again.

We looked at how the service supported people with their medicines. All staff had completed appropriate medicines training and had access to a set of policies and procedures. Staff we spoke with told us, "I have had medicines training. It was like a workshop and I felt competent at the end. We get reviews and observations to check our competence" and "I had a full training course on medicines for two days. We were taught everything from blister packs to pain patches and how to sign medicines administration (MAR) charts." One staff member told us they had the medicines policy and procedure in the staff handbook. We also asked staff how they would respond if someone refused their medicines. They told us, "I would encourage them but if they refuse it would be their right and I would record it on the MAR chart. You can always ask them again a bit later too" and "We have MAR charts in place. We write codes and fill in the back and write why they refused. If it was an on-going thing we would have to let the office know and they would go out and see them. We do liaise with district nurses a lot."

The level of assistance each person needed was recorded in their care plan along with guidance on the management of any risks. There were suitable records in place to record the administration of medicines which detailed any known allergies, details of the person's GP and the level of support required. We saw all handwritten entries had been signed by two people to reduce the risk of errors and a signature list was in place to identify staff. We saw all MAR's were thoroughly audited by the registered manager. We saw that if any mistakes or errors had been made and dependent upon the level of risk, either an email was sent was

sent to the staff member outlining the problems and action required or a one off one supervision was carried out to address the issue. Medicines were managed safely.

All the staff we spoke with, told us they had received training and were aware of their responsibilities in relation to infection control. One staff member told us, "I have had infection control training. It is my responsibility to wear gloves, wear aprons, wash my hands, make sure my hair is tied back and I have a clean uniform. We collect personal protective equipment (PPE) from the office and there is always loads we can take." Another staff member told us, "Yes I have had infection control training. It is my responsibility to use PPE, wash my hands, change gloves for different tasks and keeping everything clean. We come in and get PPE from the office."

The service had an infection control policy to guide staff in their roles and to reduce the risk of cross infection.

We asked the quality manager how they shared lessons learnt. The service was open and transparent about any incidents/accidents that had occurred or complaints they had received. Records we looked at showed these were investigated, any mistakes made were highlighted and lessons learnt were documented. Records also showed what had changed as a result. For example, we saw spot checks had been increased as a result of one lesson learnt. The quality manager told us all lessons learnt were discussed at board level so there was oversight.



# Is the service well-led?

## Our findings

The service had a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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.

All the staff we spoke with told us the registered manager was approachable and the service was well run. They told us, "I can ring [name of registered manager] whenever I want and I think everyone feels like that. Things get sorted and you get feedback" and "[Name of registered manager] is very approachable. She is lovely." Throughout our inspection we found the registered manager was knowledgeable about the service and people who used the service.

The matter of concern referred to in the 'Safe' section of this report and the reason for this focussed inspection was not specifically investigated during the inspection. However, we did consider the registered manager's actions and response around the concern. We noted that they had acted appropriately, were available for contact by agencies who were considering the matter and had liaised with the affected person and their family to ensure the provision of care continued.

During our inspection our checks confirmed that the provider was meeting the requirement to display their most recent CQC rating. This was to inform people of the outcome of our last inspection. In preparation for the inspection, we checked the records we held about the service. We found that the registered manager had notified CQC of any accidents, serious incidents and safeguarding allegations as they are required to do. This meant we were able to see if appropriate action had been taken to ensure people were kept safe.

We asked staff if they knew what the values of the service were. They told us, "When I had my interview [name of registered manager] explained all that to me and basically it is to be the best at what we do" and "It is about person centred care. We keep our training up to date and look after people." The operations manager told us, "It's about people over profit and delivering a service with a good ethos." The service promoted a clear vision and approach, to deliver high-quality care and support which achieved positive outcomes for people.

We looked at how people who used the service, staff and others were consulted on their experiences and shaping the future developments. All the staff we spoke with told us they felt supported in their roles and were confident if they raised any concerns or issues they would be addressed. Comments we received included, "[Name of registered manager] is always there on the phone and she will listen. We are always on the phone as we are reporting things back and there are constant emails. We are all working from the same standard and we all know what to do" and "If a client has died and you feel low you can just ring her up and chat with her."

Staff we spoke with confirmed they received regular staff meetings and were able to have open discussions within these meetings. We saw staff meetings were held on a regular basis. We saw discussions had taken place around medicines and if there had been any lessons learnt. We saw two staff members had been

awarded an excellence in care award for the support they had given a person on their wedding day.

Records we looked at showed staff also had regular supervisions to support them in their roles. However, we found some staff were unaware or concerned what they needed to do when a service user passed away. We also found, when looking at care records, end of life care plans were not in place to direct staff on how to support the person at this sensitive time. We discussed this with the registered manager, operations manager and quality manager. People being supported at the end of their lives should have a care plan in place detailing their needs and wishes and to direct staff on the level of support required. We recommend the service considers current best practice guidance on end of life care plans.

People who used the service and their relatives were consulted about the service and if any improvements could be made. We saw surveys were given out to people and their relatives on a regular basis. We looked at a number of these and found the majority of surveys gained positive feedback about the service and care staff, for example, one person was very positive about the care being of the highest standard and they could not have asked for better. If there had been a negative comment, the registered manager documented how this had been addressed.

The service also had 'carers feedback forms' in place. These were given out to people who used the service to gain their feedback about their experience with staff and if there was anyone they would like to nominate for an award. We saw some very positive comments about staff members on these forms such as, "It would be impossible to single out one person as we feel they are all wonderful" and "All the staff have gone above and beyond."

We noticed throughout our inspection there was a 'no blame' culture, which supported and promoted everyone to be transparent and open to ensure improvements were made. There was an emphasis on improving the service for the benefit of people using it.

The registered manager and provider used various methods to monitor the quality of the service and drive improvements. The service had a clinical lead and part of their role was to undertake a clinical audit in the service twice a year. We saw a recent clinical audit of the service had been undertaken, which highlighted areas the service could improve upon as well as positive things the service has in place and recommendations were put in place. The quality manager told us if an action plan is put in place the service would be audited again within 12 weeks to monitor improvements.

A quality audit was also undertaken by the quality manager four times per year. These audits looked at areas such as supervisions, appraisals and mandatory training. Records we looked at showed that Routes Healthcare Burnley were ranked number two on the internal leader board for compliance with an overall percentage of 89% when viewed against all services in the Routes group of services.

Spot checks were completed on staff to ensure they were undertaking their role responsibly. These spot checks looked if the staff member was on time, if they stayed with the person for the required amount of time and if they were rushing. They also checked if they were considerate and respectful, if they delivered care and support in line with the care plans in place and if the notes written matched the care and support delivered. We saw the findings from all spot checks were recorded and action taken to address any concerns highlighted within these.

We saw medicines were audited on a regular basis. The audits we looked at showed the registered manager scrutinised MAR charts to ensure they had been completed correctly. If any discrepancies or errors were highlighted, the registered manager took action to address this in a non-confrontational manner. The

auditing systems in place within the service were structured and ensured improvements were made.

The service had good governance processes in place to keep people informed at board and branch level. Records we looked at showed that board meetings discussed any complaints the service had received [which were rated according to the risk they posed], safeguarding incidents, accidents, compliance audits, any good practice observed and improvements required. Quality and clinical governance meetings were also held. We saw these discussed areas such as compliance, new guidance and legislation, lessons learned and training.

We saw the service had a newsletter in place for staff. This informed staff on what was happening across the business, introduced any new staff members to the organisation and showed any awards that had been given. This was an effective way of communicating with staff and keeping them up to date.

The service had good incentives for staff members which promoted staff retention. One staff member had been made an 'excellence in care trainer' as a result of their 'role model' way of working with people. The operation's manager told us how staff members really valued the training they received from this person as they could relate to them. The service was at 100% attendance rate for staff at this training, which focussed on personal care. We saw that if the registered manager received a compliment about a staff member, they sent them a thank you postcard in recognition of the feedback received. We also saw 'excellence in care' awards were given out on a quarterly basis and staff received a certificate and a voucher in recognition of this.

We saw the service had received a number of compliments from people that had used the service or their relatives. Some comments we saw included, "You have been great. We witnessed how you treated [family member] with care, compassion, dignity and openness and appreciate all you did for her", "Mum always looked forward to seeing you and you were all of great help and comfort, not only to [name of family member] but to the entire family" "I would like to thank the care staff who came to help mum look after dad. Although they only came for two weeks, they showed respect and gave him dignity and compassion", "You all did so well whilst caring for [family member] and your banter helped to keep his spirits up" and "You were brilliant and your kindness meant a lot."

All the staff we spoke with told us they would definitely be happy for one of their family members to be cared for by the service.