Routes Healthcare (North East) Limited

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Inspection report

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Date of inspection visit:
12 June 2017
16 June 2017
23 June 2017

Date of publication:
17 July 2017

Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

This inspection took place on 12,16 and 23 June 2017 and was unannounced. This was the first comprehensive inspection of the service since it was registered. The service was formally registered with the Commission in 2015.

Routes Healthcare is a domiciliary care agency providing care and support to people in their own home.

A registered manager was 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.

People told us they felt safe when receiving care. They told us that they trusted the care workers who supported them. People were protected as staff had received training about safeguarding and knew how to respond to any allegation of abuse. When new staff were appointed thorough vetting checks were carried out to make sure they were suitable to work with people who needed care and support. Systems were in place to manage people's monies safely.

There were sufficient staff employed in small teams to provide consistent and safe care to people. People told us that staff attended calls on time and although there were some late calls and missed appointments, these were kept to a minimum. An on call out of hours system was in place to deal with emergency situations.

Staff had received training and had a good understanding of the Mental Capacity Act 2005 and Best Interest Decision Making, when people were unable to make decisions themselves. There were other opportunities for staff to receive training to meet people's care needs.

Staff were aware of people's nutritional needs and made sure they were supported with eating and drinking where necessary. People received their medicines in a safe way. People's health needs were identified and staff worked with other professionals to ensure these were addressed.

People praised the kind and caring approach of staff. We observed staff interacting well with people. Staff were respectful and explained clearly how people's privacy and dignity were maintained. Staff understood the needs of people and care plans were person centred. People and their relatives spoke positively about the care provided.

A complaints procedure was available and people said they knew how to complain, although most people commented they had not needed to. Where complaints had been received they had been satisfactorily resolved.

People had the opportunity to give their views about the service. There was regular consultation with staff, people and/or family members and their views were used to improve the service. Regular audits were completed to monitor service provision and to ensure the safety of people who used the service.

All people told us the management team was approachable and communication was effective to ensure staff were kept up to date about any changes in people's care and support needs and the running of the organisation.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

People were kept safe as systems were in place to ensure their safety and well-being at all times. Staffing levels were sufficient to meet people's needs safely and flexibly. Appropriate checks were carried out before staff began work with people.

People were protected from abuse and avoidable harm as staff had received training with regard to safeguarding. Staff said they would be able to identify any instances of possible abuse and would report it if it occurred. People received their medicines in a safe way.

Is the service effective?

Good

The service was effective.

People were cared for by staff who were suitably trained and well supported to give care and support to people using the service.

Staff ensured they obtained people's consent to care. Support was provided to help people eat and drink where this was needed.

Staff had developed good links with healthcare professionals and where necessary actively worked with them to promote and improve people's health and well-being.

Is the service caring?

Good

The service was caring.

People told us they were happy with the care they received and were well supported by staff. During our inspection we observed sensitive and friendly interactions.

Staff were aware of people's individual needs, backgrounds and personalities. This helped staff provide individualised care to the person. People's dignity and privacy were respected.

Advocates were used if required to support people if family were

not available.

Is the service responsive?

Good

The service was responsive.

Care plans were person centred and people's abilities and preferences were clearly recorded.

Processes were in place to manage and respond to complaints and concerns. People were aware of how to make a complaint should they need to and expressed confidence in the process.

Is the service well-led?

Good

The service was well-led.

The service had a registered manager in post. People using the service, their relatives and staff were positive about their approach and commitment.

There were systems in place to monitor the quality of the service, which included regular audits and feedback from people using the service, their relatives and staff. Action had been identified to address shortfalls and areas of development.

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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 12, 16 and 23 June and was unannounced.

It was carried out by one 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 a service for older people. During the inspection the inspector visited the provider's head office to look at records and speak with staff. After the inspection the inspector visited some people who used the service to speak with them and telephoned staff who were employed by the agency. An expert by experience carried out telephone interviews with some people who used the service and some relatives.

Before the inspection, we had received a completed Provider Information Return (PIR). The PIR asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed the PIR and other information we held about the service as part of our inspection. This included the notifications we had received from the provider. Notifications are changes, events or incidents the provider is legally obliged to send CQC within required timescales. We contacted commissioners from the local authorities who contracted people's care. We also contacted health and social care professionals who were involved with the service.

We spoke on the telephone with three people who used the service and nine relatives. We also visited one person in their own home to obtain their views on the care and support they received. We spoke with four staff members, the registered manager and the area manager.

We reviewed a range of documents and records including, five care records for people who used the service, five records of staff employed by the agency, complaints records, accidents and incident records. We also looked at records of staff meetings and a range of other quality audits and management records.

Good

Is the service safe?

Our findings

People we visited and spoke with on the telephone told us they felt safe when receiving care. One person commented, "I feel very safe receiving care and support. I have no issues with regard to my safety". Another person told us, "I feel safe with the staff that visit and when they provide care and support." The relatives we spoke with also expressed the view that their relative was safe with the care and support they received. One relative told us, "I trust the staff 100%, can't speak highly enough of them." Another relative commented, "[Name] has a team of carers. They really do look after [Name], it has taken so much pressure off me." A third relative said, "[Name] is well-looked after and safe, no issues with this company." Other relatives' comments included "I trust the staff totally", "We have used a couple of other companies in the past and had problems. There is a much better level of care with this one" and "We only receive help at night, so it is nice to know they [staff] are there."

Staff had a good understanding of safeguarding and knew how to report any concerns. They told us they would report any concerns to the registered manager. They were aware of the provider's whistle blowing procedure and knew how to report any worries they had. They were able to tell us about different types of abuse and were aware of potential warning signs. They described when a safe guarding incident would need to be reported. Staff told us they currently had no concerns and would have no problem raising concerns if they had any in the future. One staff member told us, "I would telephone one of the managers if I had any concerns." Another staff member said, "I'd contact the registered manager straight away," Staff told us, and records confirmed they had completed safeguarding training. Where incidents had been reported to the registered manager they had taken appropriate action in liaison with the local safeguarding adults team.

Robust procedures were followed to safeguard against financial abuse. People who needed assistance had appointed representatives or relatives who supported them in managing or having oversight of their finances. Risk assessments were completed around finances and support plans were agreed with the person and/or their representative. One relative told us, "Staff takes [Name] out, they do their own PIN bankcard. Staff manage the money well, they write everything down."

We checked the management of medicines. Medicines records were accurate and supported the safe administration of medicines. Staff were trained in handling medicines and a process had been put in place to make sure each worker's competency was assessed. Staff told us they were provided with the necessary training and they were sufficiently skilled to help people safely with their medicines. One relative told us, "Staff are very good, I am quite happy with how the medicines are handled." Another relative said, "Medication is managed well and given on time."

Staff were aware of the reporting process for any accidents or incidents that occurred. These were reported directly to staff at the office. We were told all incidents were audited by the responsible person at the office and action was taken by the registered manager as required to help protect people.

Assessments were undertaken to assess any risks to the person using the service and to the staff supporting them. This included environmental risks and any risks due to the health and support needs of the person.

For example, for falls and nutrition to keep people safe. These assessments were regularly reviewed to ensure they reflected current risks to the person. They formed part of the person's care plan and there was a clear link between care plans and risk assessments.

Staffing levels were determined by the hours contracted for each individual care package. These were totalled and planned for by the provider on their IT planning system. This enabled senior staff to plan for each person's care and match this to available staff. Each person's dependency was assessed by the referring authority and where necessary people would be supported by two carers at a time. The view of the registered manager and care staff was that staffing levels were sufficient to ensure people's needs were met by staff familiar to them, with staffing consistency maintained. One person told us, "I have a list of three staff but know which one is due to arrive." Another person commented, "I have a regular team." A third person said, "I have a team of five staff, with the same staff each time." People and staff had access to emergency contact numbers if they needed advice or help from senior staff when the office was not open.

Staff had been recruited correctly as the necessary checks had been carried out before people began work in the service. Relevant references and a result from the Disclosure and Barring Service (DBS) which checks if people have any criminal convictions, had been obtained before they were offered their job. Application forms included full employment histories. Applicants had signed their application forms to confirm they did not have any previous convictions which would make them unsuitable to work with people who used the service.

Good

Is the service effective?

Our findings

People who used the service made positive remarks about the staff team and their ability to do their job effectively. One person told us, "Staff appear to be trained." Another person commented, "I think the staff are well trained to meet my needs." A relative said, "Staff received additional training from occupational health to support [Name]." Another relative commented, "Absolutely, I think staff receive training." A third relative told us, "The staff had training to use the hoist." A staff member told us, "There are lots of opportunities for training and personal development." Another staff member commented, "We get plenty of training." Other staff comments included, "I've completed National Vocational Qualifications (NVQ now called the diploma in health and social care) at levels two and I'm now doing level three", I've received training about Mental Capacity" and "We always seem to be doing training."

Staff told us when they began working at the service they completed an induction and they had the opportunity to shadow a more experienced member of staff. This ensured they had the basic knowledge needed to begin work. Staff members told us they received an induction before they began to work with people to give them information about the agency and training for their role. The provider's PIR stated, 'New staff without the relevant experience study for the Care Certificate in health and social care as part of their induction training.'

The staff training records showed staff were kept up-to-date with safe working practices. The area manager told us there was an on-going training programme in place to make sure that all staff had the skills and knowledge to support people. Staff completed training that helped them to understand people's needs and this included a range of courses such as basic life support, pressure area care, palliative care, catheter awareness, mental capacity and equality and diversity. The registered manager told us dementia care e-learning training was planned and all staff should have completed it by August 2017.

Staff said they received supervision from the management team, to discuss their work performance and training needs. One staff member told us, "I have supervision every three months, the deputy manager did mine recently as the registered manager was at a meeting." Another staff member commented, One of the office staff did my supervision last time." Staff told us they could also approach the registered manager and team leaders in the service at any time to discuss any issues.

Most people told us communication from the office was good. One person told us, "Communication is very good. I get on well with all the staff in the office." Another person said, "I had to contact the office at short notice to cancel an appointment. The response was swift and the problem was resolved." A relative commented, "I can contact the agency at any time. They are responsive when contacted." Another relative said, "Staff always answer at the office." A third relative told us, "Communication with the office is very good, staff communicate well and I'm kept informed."

Care managers and health professionals told us they were happy with the communication they received from the service. They said they were contacted in an appropriate and timely manner about any issues with people they were supporting. One professional told us, "I have always found Routes to be reliable and

professional at all times." Another professional commented, "I have a few service users using Routes Healthcare mainly for overnight care support. They have found Routes Healthcare reliable in providing the care and care workers work well with them."

CQC monitors the operation of the Mental Capacity Act 2005 (MCA). This is to make sure that people who do not have mental capacity are looked after in a way that respects their human rights and they are involved in making their own decisions, wherever possible. The registered manager was aware of where relatives were lawfully acting on behalf of people using the service. Such as where they had a deputy appointed by the Court of Protection to be responsible for decisions with regard to their care and welfare and finances when the person no longer had mental capacity.

People who used the service were involved in developing their care and support plan and identifying the support they required from the service and how this was to be carried out. For people who did not have the capacity to make these decisions, their family members and health and social care professionals involved in their care made decisions for them in their 'best interests'. People told us care workers always asked their permission before acting and checked they were happy with the care that was provided.

People were assisted to access food and drink appropriately. People told us staff were helpful in ensuring they had plenty to eat and drink. They said they would prepare or heat meals for them. One relative told us, "Carers have brought in lunch for [Name] to encourage them to eat." Staff also supported people to make their own meals and snacks in order to retain their independence. One relative told us, "[Name] prepares and cooks meals and staff tidy up after." Another relative commented, "Staff help with meals and [Name] chooses the food." A third relative said, "[Name] does their own meals. Staff will help and do the dishes if asked."

People told us they had access to other professionals and staff worked closely with them to ensure they received the required care and support. One professional told us, "Routes Healthcare has been efficient to report concerns or issues and has worked together with me to find resolutions." People's care records showed that staff liaised with GPs, occupational therapists, nurses, and other professionals. The relevant people were involved to provide specialist support and guidance to help ensure the care and treatment needs of people were met. For example, a nurse had been involved to provide training about the use of a Percutaneous Endoscopic Gastrostomy (PEG) to show staff how to feed a person. PEG is a tube which is placed directly into the stomach and by which people receive nutrition, fluids and medicines.

Staff supported people in accessing the GP and other community based health care services to maintain or improve their health and well-being. One relative commented, "Staff help [Name] if unwell. They have called the doctor twice." Another relative told us, "Staff contact the GP if needed. There were two incidents recently, one when the staff had to call the paramedics and another time they phoned the doctor and let me know." People had health action plans, setting out their health needs and details of professionals involved in their care. All contact and appointments with health care professionals was recorded, and where necessary, used to update support plans. Staff were also given guidance and/or training about medical conditions to enable them to co-ordinate people's care.

Good

Is the service caring?

Our findings

People told us they were supported by staff who were warm, kind, caring and considerate. One person commented, "Staff are very good." Another person told us, "The best carers, fantastic, and very friendly." One relative said, "Overall staff are kind." Another relative told us, "Staff are very obliging." Other relatives' comments included, "Staff are kind and quite sympathetic, if [Name] is unwell they are very empathetic" and "They [staff] are kind, caring and patient, they are great with [Name]."

All people told us they had received information about the care they were to receive and how the service operated. One person commented, "[Name] explained everything, went through the books with us and completed the forms." A relative told us, "We had a few meetings before the carers started and the manager went through everything."

Staff we spoke with had a good knowledge of the people they supported. They were able to give us information about people's needs and preferences which showed they knew people well. The registered manager told us they created a staff team to work with each person to help ensure consistency of care for the person. People were pleased with the care they received. They thought staff seemed knowledgeable about their care needs and family circumstances and knew how to look after them. One relative told us, "[Name] always has the same staff and knows who to expect." Another relative commented, "[Name] met the staff first to see if they'd get on." A third relative said, "[Name] has the same staff, the agency is not allowed to send unfamiliar staff."

People told us they received copies of rotas indicating which care workers would be calling for which appointments. People were contacted if care workers were going to be late. One person told us, "Staff are rarely late, only by a couple of minutes." Another person commented, "It's very unusual if calls are late. If going to be late staff let me know." A relative told us, "Staff have been late once or twice due to transport problems, but they telephone [Name] to let them know."

At home visits we saw care delivered matched the care highlighted in the person's care records. Staff were patient in their interactions and took time to listen and observe the person's verbal and non-verbal communication. People told us they were encouraged to make choices about their day to day lives. They said they were fully involved in decision making about their care. They were fully aware of their care plans which were kept in their house. They also said they were consulted and offered choices about their daily living requirements. One person commented, "Staff listen to me."

Detailed information was recorded to make staff aware of each person's communication methods and how to keep people involved in daily decision making. Where a person did not communicate through words, or had limited speech, specific details about what their different gestures and facial expressions usually meant were recorded. Examples in communication care plans included, 'At the moment I am aware of my situation and have the ability to make my own decisions and choices', 'You have to listen to me carefully to understand me, some days my speech may be slurred' and 'I have a whiteboard that is kept in the lounge. This is a monthly schedule filled in by carers and is a visual aid and prompt.'

All people said their privacy and dignity were respected. Staff were considered to be attentive, friendly and respectful in their approach. Staff were respectful of people's cultural and spiritual needs. One relative told us, "Staff do respect [Name]'s dignity and privacy. Personal care is delivered privately and staff sit in a different room when we are watching television together." Another relative commented, "[Name] did not want female staff, so they have a team of male carers."

Staff informally advocated on behalf of people they supported where necessary, bringing to the attention of the agency any issues or concerns. This sometimes led to a more formal advocacy arrangement being put in place with external advocacy services. Advocates can present the views for people who are not able to express their wishes. The complaints procedure also referred to the use of advocates to assist a person if they needed to complain.

Good

Is the service responsive?

Our findings

People told us the care they received met their needs. One relative commented, "The care is responsive and professional." Another relative said, "The staff carry out all tasks they are supposed to and support [Name]."

Before people started to use the service a care needs assessment was received from the local council's social work or health authority staff. From the information outlined in these assessments individual care plans were developed and put in place to ensure staff had the correct information to help them maintain people's health, well-being and individual identity.

Care plans covered a range of areas including, diet and nutrition, psychological health, personal care, managing medicines and mobility. We saw if new areas of support were identified then care plans were developed to address these. Care plans were sufficiently detailed to guide staff's care practice. For example, a care plan for pressure area care recorded, 'Carers are to observe for signs of pressure area damage daily and report any concerns to the district nurse.' A care plan for personal hygiene stated, 'If I choose to have a bed bath I may wish to lead this process. The carers will hand me the bowl of water and soap and I will wash my hands.' The input of other care professionals had also been reflected in individual care plans. For example, a nutrition care plan stated, 'Staff must prepare meals of my choice ensuring speech and language therapy team [S.A.L.T] guidelines are followed.'

People's care records were up to date and personal to the individual. They contained information about people's likes, dislikes and preferred routines. Examples in records included, 'Keeping my house clean and tidy is important to me and I expect people coming into my house to treat it with respect', 'I drink coffee throughout the day but it must be de-caffeinated coffee' and 'I like to have my hair styled and my nails painted.'

Records showed that regular reviews or meetings took place for people to discuss their care and to ensure their care and support needs were still being met. People told us their care could be changed if they needed it to be. One relative commented, "The day staff are no longer needed because [Name] improved, so things are easier now. We just have the night staff." Another relative commented, "There is a care plan and it is followed by staff." People told us they were involved in meetings about their care and support packages. One person commented, "I'm involved in discussions about my care." Relatives also said they were involved in review meetings to discuss their relative's care needs, and their relative's care was discussed on an on-going basis. One relative told us, "Care and support has been discussed, there have been a few meetings with Social Services." Another relative commented, "We attended a meeting last week with the company and Social services."

Staff kept up to date with people's care needs by reading through care records. They told us changes in people's care were passed on to them through the agency's office. Staff kept daily progress notes to monitor people's needs, and evidence what support was provided. Comments in records made by staff were meaningful and useful in documenting people's changing needs and progress. They gave a detailed record of people's wellbeing and outlined what care was provided. Staff also completed a daily handover record, so

oncoming staff were aware of people's immediate needs and forthcoming appointments.

People we spoke with told us they knew how to complain. One person commented, "I have a copy of the complaints procedure but I haven't needed to make a complaint." Another person said, "I would ring the office." A relative told us, "I complained over missed calls and the manager apologised." Another relative commented, "If I've any concerns I speak to the manager." The agency's complaints policy provided guidance for staff about how to deal with complaints. A record of complaints was maintained. Two complaints had been received which had been investigated and resolved with the necessary action taken.

Good

Is the service well-led?

Our findings

A registered manager was in place. They had registered with the CQC in December 2015. They were fully aware of their registration requirements and had ensured that the Care Quality Commission (CQC) was notified of any events which affected the service.

The service had a defined management and staffing structure with field supervisors responsible for different staff teams assigned to geographical areas. The registered manager told us they were keen to promote a culture of person centred care, for each individual to receive care in the way they wanted. Staff received a company handbook when they started to work at the service to make them aware of conditions of service.

The registered manager assisted us with the inspection, together with the area manager. Records we requested were produced promptly and we were able to access the care records we required. The registered manager was able to highlight their priorities for the future of the service and were open to working with us in a co-operative and transparent way. They told us they were well supported in their role by the provider and area managers.

The registered manager was enthusiastic and people spoke with said they [the registered manager] were approachable. One person told us, "The registered manager is very nice and friendly." Another person commented, "The registered manager is very approachable and office staff are helpful and pass messages on." A relative said, "The registered manager is very approachable. [Name] has spoken with them on the telephone and they have visited the house." Staff were also positive about the management of the agency and had respect for them.

Office staff had a weekly meeting to ensure the smooth running of the service and a monthly staff meeting also took place. Minutes were available that showed areas of discussion included, staff rosters, staff performance, audits, health and safety, training, safeguarding and support worker duties. Some staff told us care team meetings were held, to co-ordinate effective care delivery to people if their support needs had changed. A number of staff said they had worked with the same care package for a number of years and this provided consistent care to people.

Staff, people and relatives said they felt well-supported and spoke highly of the service provided by the agency. One relative told us, "They do everything well, they are so good it is only now I realise the previous care was not as good." Another relative commented, "Things couldn't be any better for [Name], I'm happy with the way things are, wouldn't like them to change." A third relative said, "Not much to improve, the teams are a very caring bunch." Other comments included, "Carers are very good. The company are good at staff selection and retaining staff", "They, [staff] are really great people, really fantastic" and "Things are going in the right direction, they are improving at the office as it could be frantic at times."

People told us senior staff members called at their homes to check on the work carried out by the care workers. Staff confirmed there were regular spot checks carried out including checks on general care, moving and handling and the safe handling of medicines. One staff member commented, "The care co-

ordinator will come to a person's house to check we're using the hoist correctly." People also told us they were contacted by the management team by telephone, or through a direct visit, to ascertain if they were happy with the service provided and whether they had any issues or concerns they wished to raise. One relative told us, "[Name] meets with the manager eight or nine times a year."

Regular audits were completed internally to monitor service provision and to ensure the safety of people who used the service. The audits consisted of a wide range of monthly, quarterly and annual checks. They included, health and safety, complaints, safeguarding, infection control, training, care provision, medicines, personnel documentation and care documentation. Audits identified actions that needed to be taken. The area manager told us they made regular visits to the agency office to audit and monitor the results of the audits carried out by the registered manager to ensure they had acted upon the results of their audits. A monthly risk monitoring report that included areas of care such as safeguarding, complaints, compliments, medicines, clinical governance and serious changes in a person's health status was completed by the registered manager for analysis by head office.

The registered provider monitored the quality of service provision through information collected from comments, compliments/complaints and survey questionnaires that were completed annually by staff and people who used the service. We saw some survey responses from people that had been completed in May 2017. One person told us, "I've completed a survey in the last three weeks." Responses from the survey were still being collected and had not yet been analysed. Comments included, 'Carers give 110%.' From the staff surveyed in 2017 all staff said they would recommend the employer.