

Routes Healthcare (North) Limited

Routes Healthcare Burnley

Inspection report

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

Tel: 01282922515

Website: www.routeshealthcare.com

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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?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

We carried out an inspection of Routes Healthcare – Burnley on 16 and 17 October 2017. We gave the service 48 hours of our intention to carry out the inspection.

Routes Healthcare - Burnley is registered to provide personal care to people living in their own homes. The agency specialises in providing rapid care for people nearing the end of their life. At the time of the inspection there were 37 people using the service.

The service had a manager in post, who was in the final stages of the registration process. Following this process, the manager will be registered with the Care Quality Commission. 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.

This was the first inspection of the service since the location was registered on 16 November 2016.

People using the service consistently told us they felt safe and staff treated them well. Safeguarding adults' procedures were in place and staff understood their responsibilities to safeguard people from abuse. Potential risks to people's safety and welfare had been assessed and preventive measures had been put in place where required. People received their medicines safely and were supported to eat and drink in accordance with their care plan.

Staff support was planned flexibly in line with people's needs. Staff had the knowledge and skills required to meet people's individual needs effectively. They completed an induction programme when they started work and were up to date with the provider's mandatory training. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. People's healthcare needs were monitored as appropriate and staff worked closely with social and healthcare professionals.

Staff were respectful of people's privacy and maintained their dignity. All people spoken with told us the staff were kind and caring. People were involved in the development and review of their care plans. This meant people were able to influence the delivery of their care and staff had up to date information about people's needs and wishes. People were aware of the complaints procedure and processes and were confident they would be listened to.

People were provided with a safe, effective, caring and responsive service that was well led. Systems were in place to monitor the quality of the service, which included seeking and responding to feedback from people and their relatives in relation to the standard of care.

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.

Staff knew how to recognise and report any concerns to keep people safe from harm.

The provider assessed potential risks to people's safety and put preventive measures in place where required.

Staffing resources were managed carefully to ensure people received their care calls based on their individual needs.

People's medicines were managed safely.

Is the service effective?

Good ●

The service was effective.

Staff had the skills, knowledge and experience to deliver the care people required.

Staff understood the main provisions of the Mental Capacity Act 2005 and how it applied to people in their care.

Staff worked closely with healthcare professionals to ensure people received effective care.

People were supported to eat and drink in line with their individual needs.

Is the service caring?

Good ●

The service was caring.

People told us the staff were kind and helpful.

Staff understood people's individual needs and provided care in a way that respected their choices.

Staff respected people's privacy and dignity, and supported them to maintain their independence.

Is the service responsive?

Good ●

The service was responsive.

People's needs were assessed and support was planned and delivered in line with their individual care plan.

People had access to information about how to complain and were confident that any complaints would be listened to and acted upon.

Is the service well-led?

Good ●

The service was well led.

The agency had a manager who provided clear leadership and was committed to the continuous improvement of the service.

There were systems in place to consult with people and to monitor and develop the quality of the service provided.

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 checked 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.

We visited Routes Healthcare – Burnley on 16 and 17 October 2017. The provider was given 48 hours' notice. This is because the location provides a domiciliary care service and we needed to be sure that someone would be available. The inspection was carried out by one adult social care inspector.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form the provider completes to give some key information about the service, what the service does well and improvements they plan to make. The provider returned the PIR within the agreed timeframe and we took the information provided into account when we made the judgements in this report.

In preparation for our visit, we contacted the local authority contracting unit for feedback and checked the information we held about the service and the provider. This included statutory notifications sent to us by the manager about incidents and events that had occurred at the service. A notification is information about important events, which the service is required to send us by law.

In addition, we sent satisfaction questionnaires to 26 people using the service and 26 relatives; we received ten completed questionnaires from people and one from a relative. 35 questionnaires were sent to staff and eight were returned and 17 questionnaires to professional staff with two returned.

During the inspection, we spoke with five people using the service, seven relatives and five staff over the telephone. We also spoke with the manager and the Human Resources manager who is also the nominated individual, during our time spent in the agency's office.

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, three medicine administration records, staff training records, two staff recruitment files, staff supervision and appraisal records, minutes from meetings, quality assurance audits,

incident and accident reports, complaints and compliments records and records relating to the management of the service. We also looked at the results from the customer satisfaction surveys completed by people using the service.

Is the service safe?

Our findings

All people spoken with told us they felt safe receiving care from staff at the agency. One person said, "The staff are all lovely. I feel totally at ease and relaxed with everyone" and another person commented, "I am very satisfied with all the staff. I get on well with them. They are my kind of people." Relatives spoken with also expressed satisfaction with the service. One relative said, "I have absolute confidence in the carers. They are all really good and I have complete peace of mind [family member] is being well looked after."

We looked at how the service protected people from abuse and the risk of abuse. Staff spoken with expressed a good understanding of safeguarding and protection matters. They were aware of the various signs and indicators of abuse. All staff spoken with said they would not hesitate to report any concerns to the manager and were confident appropriate action would be taken. Staff also told us they were aware of the whistleblowing policy in place and would always report any poor practice they observed.

Staff had received training in safeguarding adults and policies and procedures were in place to provide them with guidance if necessary. Staff told us they had also received additional training on how to keep people safe, which included moving and handling, infection control, first aid and fire prevention. The manager was aware of her responsibility to report issues relating to safeguarding to the local authority and the Care Quality Commission. We noted a concern reported to the office during our inspection was dealt with professionally and quickly to ensure the person involved was kept safe.

People and staff had information about what to do in an emergency. Staff confirmed systems were in place for out of hours support from the management team either over the telephone or in person if needed. People's care records also contained contact details staff may need to contact in an emergency such as such as next of kin and social and healthcare professionals.

Care was planned and delivered to protect people from avoidable harm. Each person's care record included an individual risk assessment, which had considered risks associated with the person's environment, moving them safely, their care and treatment, medicines and any other factors. We noted the risk assessments included actions for the staff to take to keep people safe and reduce the risks of harm. However, some risk assessments were brief and did not cover all risk factors. The manager assured this matter would be addressed.

We saw the risk assessments were updated every six months or more often if people's needs or circumstances changed. Staff told us they made observations at each visit to identify any changes or new risks that may occur. They said these would be reported to the office immediately. They also confirmed whenever they had reported a change, action had been taken to reassess the risk and amend the care plan.

Staff knew how to inform the office of any accidents or incidents. The manager viewed all accident and incident documentation, so she could assess if there was any action that could be taken to prevent further occurrences and to keep people safe. At the time of the inspection, there had been two accidents reported. The details of the accidents had been entered onto a database and had been investigated by the manager.

We noted there were systems in place to carry out an analysis of the data. This helped the manager identify any trends and patterns.

There were sufficient staff to provide safe effective care for people. Duty rotas were prepared in advance and the manager told us new care packages were not accepted unless there were enough staff available to cover the visits required safely. Work was allocated to staff based on people's needs rather than specific times to carry out tasks. People were pleased with this arrangement and staff told us they didn't have to rush and could spend appropriate time with people and their families. Reflecting on this approach one member of staff told us, "I love that we're not a time limited company. It means we can have a chat and spend some quality time with the clients." The manager told us there had been one missed visit. The circumstances of this situation had been fully investigated under the agency's complaints procedure and a letter detailing the outcome had been sent to the complainant.

We saw the staff rotas were prepared a week in advance and staff were informed of the calls they would be covering. At the time of the inspection, the rota was prepared using a paper based system, however, the manager explained a new computerised system was due to be introduced. This system was designed to assist with the schedule planning and other aspects of service delivery.

Recruitment practices ensured that suitable staff were employed by the service. We looked at the personnel files for two staff and found one minor shortfall in one staff member's pre-employment checks. This was rectified during the inspection and the provider's recruitment and selection policy and procedure was revised and updated. We saw each staff member's file contained a completed application form, three references and confirmation of each person's identity. Checks had also 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.

We looked at how the service managed people's medicines. A relative of a person who was receiving support with their medicines told us, "The carers know exactly what they are doing and I'm happy [family member] is taking the right tablets." At the time of the inspection, three people were supported to take their medicines; we looked at their medicine administration records (MARs) and noted these were handwritten on a weekly basis. On completion, the MARs were returned to the office for auditing. We saw the records were split into three files dependent on the outcome of the audits. For instance, there was a separate file for records deemed to have errors, where staff had not signed the records or had not used an appropriate code. We saw action was taken to address these issues by providing staff members with additional training and support.

Staff told us they had completed a medicines management course and records seen confirmed this. Staff competency to manage medicines was tested as part of the training course. Staff had access to a set of policies and procedures, which were available for reference. Guidance for staff on how to support people with medicines was included in the care plan as necessary, along with information on the management of any risks associated with their medicines. Further to this, the manager explained a new medicines assessment tool was due to be introduced in the near future.

Is the service effective?

Our findings

People felt staff had the right level of skills and knowledge to provide them with effective care and support. They were happy with the care they received and told us that it met their needs. For example, one person told us, "I've found all the staff to be professional and efficient" and another person commented, "The staff are very knowledgeable about their work." Relatives spoken with also expressed confidence in the staff team, one relative stated, "The carers really understand me and my [family member]. I can't fault them at all."

We looked at how the provider trained and supported their staff. From talking with staff and the manager and looking at records, we found staff were suitably trained to help them meet people's needs effectively. All staff completed induction training when they commenced work with the agency. This included an introduction to the agency and its policies and procedures as well as the provider's mandatory training. Arrangements were also in place for staff new to a care setting to complete the Care Certificate. The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working life. New staff worked alongside experienced colleagues to enable them to meet people and understand their needs. Staff spoken with told us the induction training was thorough and confirmed it equipped them with the necessary knowledge to carry out their role. All new staff completed a probationary period of six months, during which their work performance was reviewed at regular intervals.

There was a rolling programme of training provided for all established staff, this comprised of 35 hours of online training and four days in house training a year. The training included safeguarding, medication awareness, moving and handling, first aid, equality and diversity, infection control, health and safety and the Mental Capacity Act 2005. The Human Resources manager explained that the training was recognised by Skills for Care. This is an independent organisation which sets national standards and qualifications for care workers. Registered nurses employed by the agency provided staff with appropriate training for all clinical interventions.

We looked at the staff training records and noted staff completed their training in a timely manner. The variety of training offered meant that staff were supported to have the correct knowledge to provide effective care to the people. All staff spoken with told us their training was beneficial to their role. For instance, one member of staff told us, "The training is very good. I've had more training with Routes than any other company I have worked for. It's really thorough."

We also noted a community professional praised the staff training in their comments on a satisfaction questionnaire completed before the inspection. The professional wrote, "I have found that Routes Burnley provide a fast, efficient and safe service, ensuring all of their staff have comprehensive training and are signed off in a lot of mandatory topics prior to attending any visits."

Staff received regular one to one supervision. We saw notes of the supervision meetings on the staff files looked at during the inspection. The staff told us they had the support of the manager and the management team and could discuss anything that concerned them. Staff always worked in pairs in line with the policy of

the provider. They told us they enjoyed this way of working, as they were able to share experiences and learn new skills from other team members.

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 take 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. Any application to do so must be made to the Court of Protection.

We checked whether the service was working within the principles of the MCA. We found the agency had detailed policies and procedures on the MCA and staff had received appropriate training. Staff spoken with had an understanding of the principles of the Act and understood the need to ask people for consent before carrying out care. People using the service confirmed this approach, for example one person told us, "The carers always ask me if I'm alright with them helping me. They never take over or assume anything."

We saw consent forms were used by the agency to demonstrate people's agreement with the support provided. People's mental capacity to make decisions was considered as part of the assessment and care planning processes. However, there was no mental capacity screening tool or assessment used at the time of the inspection. This is important in order to identify when a person requires support to make decisions about their care. We discussed this situation with the manager, who showed us new MCA assessment documentation, which was due to be implemented across the service.

People were supported at mealtimes in line with their plan of care. We noted from the staff training records that staff had received food safety training. We saw there was a section in people's care plans to inform staff of any risks or concerns in respect of eating and drinking. The manager explained food and fluid intake charts were used as necessary if a person was at risk of malnutrition or dehydration.

We looked at the way the service provided people with support with their healthcare needs. We found people's healthcare needs were recorded within their plan of care, however, details of how specific symptoms manifested for people were not always documented. The manager assured us that further details would be added to provide staff with information about how people's medical conditions impacted on their lives.

We found staff worked very closely with a range of healthcare professional staff including the District Nursing team, Marie Curie and McMillan Nurses, Occupational Therapists, GPs and Hospice at Home. This ensured people received coordinated and effective care. We received positive feedback from two professionals prior to the inspection, for instance one community professional wrote on a satisfaction questionnaire, "I have found the staff at Routes Burnley to be extremely helpful and professional. Their communication is fantastic, updates on all cases are regular and they are a pleasure to work with."

Is the service caring?

Our findings

People told us the staff always treated them with respect and kindness and were complimentary of the support they received. One person said, "The carers are absolutely marvellous, they are always cheerful and happy. When they arrive at my house they give me a big wave and when they leave they wave again from the car. They really are lovely" and another person commented, "I think they are all wonderful and very thoughtful and considerate." Relatives spoken with were also complimentary about the approach taken by staff, for instance one relative said, "I've been very impressed with the service. The staff always work to a very high standard and are very polite and courteous" and another relative said, "They are the best thing that ever happened for her. They all treat her so well."

Staff spoken with understood their role in providing people with person centred care and support. They gave examples of how they promoted people's independence and choices, for instance ensuring people had time to carry out personal tasks for themselves, wherever possible. One member of staff told us, "It's important people maintain as much independence as possible as it makes them feel better about themselves and improves their self-worth." This approach was reflected in people's comments, for instance one person told us, "The carers are helping me to stand at the moment. It gives me confidence knowing they are there and it really works for me." We also noted the agency had supported another person to regain their mobility and their achievement had been reported by a local newspaper.

The staff were knowledgeable about people's individual needs, backgrounds and personalities and were familiar with the content of their care records. They told us they visited people on a regular basis which helped them get to know the person and how best to support them. People told us they were consulted about the care they needed and how they wished to receive it. People were involved in developing their care plans and their views were listened to and respected. The process of developing care plans helped people to express their views and be involved in decisions about their care. People using the service and their relatives told us staff had time to ask them about their preferences and were flexible in their approach. One relative told us, "They are very flexible and do their best to help us all they can."

Staff were aware of the importance of maintaining people's privacy and were able to give examples of how they applied this in practice. People told us their privacy was respected at all times. One person told us, "They're very good at making sure I am covered up during personal care and they pull the curtains. Such things are just automatic for them." People confirmed staff entered their house in the agreed way and they were respectful of their belongings. Staff had access to policies and procedures on maintaining people's privacy and dignity whilst providing care and we noted the manager and the management team often sought feedback from people using the service to ensure staff were adhering to best practice.

People enjoyed visits from the staff. One person told us, "I look forward to them coming to see me. We get on well and we enjoy a good laugh." Staff told us they found their role rewarding and spoke of people in a warm and compassionate manner. One member of staff commented, "I love my job and working with the clients. Whatever they and their family want, that's what we do."

People told us they were able to express their views about the service on an ongoing basis during care plan discussions and conversations with the staff and the manager. People were given a service user guide as well as their care plan documentation. The guide provided a detailed overview of the services provided by the agency and included the aims and objectives and philosophy of care.

Feedback received by the agency highlighted the caring approach taken by staff and the positive relationships staff had established to enable people's needs to be met. We saw several messages of thanks from people or their families. For instance, we noted one relative had written in a card, "We would like to express our thanks to all your staff who helped care for [family member], they were fantastic."

Is the service responsive?

Our findings

People spoken with told us the staff responded well to their current and changing needs. They said they made their own decisions about their care and were supported by the staff. People and their relatives confirmed they had a care plan and said they felt part of the care planning process. One relative commented, "The nurse came out to discuss everything with me and my [family member]. There was nothing she didn't cover. It was all very thorough" and a person using the service told us, "I was fast tracked out of hospital and they discussed everything with us. We are very happy with the care plan."

We looked at the way the service assessed and planned for people's needs, choices and abilities. Wherever possible, an assessment of needs was carried out before people used the service. However, the agency specialised in providing people with rapid care to allow them to spend their final days at home. Therefore, it was not always possible to carry out a full pre service assessment. We therefore noted that dependent on people's circumstances assessments of need and risk along with the development of a care plan were sometimes carried out by a nurse on the initial visit.

During the inspection, we looked in detail at three people's care plans. We saw the plans were split into sections according to people's needs and were underpinned by a series of risk assessments and a personal profile. The profile included information about people's living circumstances and things which were important to them. The plans looked at varied in detail. Whilst all contained sufficient information about people's needs, we saw people's cultural needs and the tasks to be carried out were not always clear. We discussed this observation with the manager. She acknowledged this shortfall and assured us immediate action would be taken to address this issue.

We saw evidence to demonstrate the care plans were reviewed at least every six months or in line with people's changing needs. People spoken with confirmed they had been actively involved in the review process.

Staff told us they used the care plans to help them understand people's needs and confirmed they referred to them during the course of their work. They said they were confident the plans contained accurate and up to date information. They also confirmed there were systems in place to alert the manager of any changes in needs in a timely manner. The manager and staff worked closely with other social care and healthcare professionals as well as other organisations to ensure people received a consistent coordinated service.

Records of the care and support provided to people were completed at each visit. This enabled staff to monitor and respond to any changes in a person's well-being. The care records were returned to the office for auditing purposes and for filing. The manager confirmed all records were checked thoroughly. We looked at a sample of the records and noted people were referred to in a respectful and sensitive way.

We assessed how the service managed complaints. People told us they would feel confident talking to a member of staff or the manager if they had a concern or wished to raise a complaint. One person told us, "If I had a concern, I know it would be dealt with very quickly." Staff spoken with said they knew what action to

take should someone in their care want to make a complaint and were confident the manager would deal with any situation in an appropriate manner.

There was a complaints policy in place, which set out how complaints would be managed and investigated. The complaints procedure was incorporated in the service user guide and included the relevant timescales for the process to be completed.

We looked at the complaints records and noted three complaints had been received in the last 11 months. We found the manager had systems in place for the recording, investigating and taking action in response to complaints. Records seen indicated the matters had been investigated and resolved to the satisfaction of the complainant. This meant people could be confident in raising concerns and having these acknowledged and addressed. We noted the Human Resources manager had carried out an analysis of the complaints received by the provider across all branches in order to identify any patterns or trends.

Is the service well-led?

Our findings

People and relatives spoken with made positive comments about the leadership and management of the agency. For instance, one person said, "The management are very approachable and flexible. If I need to change anything they are always happy to help" and a relative commented, "The manager is very helpful, she has answered all our questions and reassured us she would sort out any problems. I honestly can't think of anything they could do better."

There was a manager in post, who was in the final stages of the registration process with the commission. The manager was appointed in June 2017 and had several years experience working for the provider in different roles. Throughout our discussions it was evident the manager had a good knowledge of people's current needs and circumstances and was committed to the principles of person centred care. She explained that since her appointment she had devised and introduced a night time care plan to provide guidance for staff on people's preferences during the night. She also talked about her priorities over the next year, which included further development of people's care plans, the further embedding of the Mental Capacity Act principles within the assessment and care planning processes and ensuring compliments were analysed to identify any trends. This showed us the manager had a good understanding of her service and strove to make continual improvements.

The manager confirmed the importance of having regular contact with the care staff and told us she operated an "open door" system to enable the staff to call into the office whenever they wished. Staff also met together as a group on a frequent basis for staff meetings and service achievements were celebrated by the whole team. The supportive approach of the manager was appreciated by the staff team. For example, one member of staff told us, "[The manager] is lovely, very easy to talk to and she helps us all anyway she can."

Staff were provided with job descriptions, contracts of employment, policies and procedures and the staff handbook, which outlined their roles, responsibilities and duty of care. There was a management structure in place and staff were aware of their roles and responsibilities. Staff were provided with job descriptions, contracts of employment, policies and procedures and the staff handbook, which outlined their roles, responsibilities and duty of care. Staff spoken with were proud to work for the service and told us they worked together in a friendly and supportive way.

The manager used a range of systems to monitor the effectiveness and quality of the service provided to people. This included feedback from people and their relatives. We saw that people were asked for their views on a monthly basis. We noted people had made positive comments about the service. For instance, one person had written, "Couldn't be better, you provide a wonderful service during such challenging times." We saw the manager had taken action in response to any suggestions for improvement.

Staff were able to provide anonymous feedback in annual satisfaction survey which was administered by an independent company.

The manager and the management team carried out regular checks and audits. These included checks on files, medicines records, daily care records, staff training and supervision and visits to people's homes. We saw examples of the completed audits during the inspection. The manager also prepared a weekly management report, which was submitted to the provider. This provided information on all aspects of the operation of the service.

The manager met with other managers every three months to share good practice and the operations manager visited the service on a regular basis. At the time of the inspection, we noted a report format was being developed to record the operations manager's findings.

There were procedures in place for reporting any adverse events to the Care Quality Commission (CQC) and other organisations such as the local authority safeguarding team. Our records showed that the manager had appropriately submitted notifications to CQC about incidents that affected people who used services.