

Routes Healthcare (West Midlands) Limited

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Inspection report

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Ratings

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

Summary of findings

Overall summary

This inspection took place on 14,15 and 16 February 2017 and was announced. We gave the provider a weeks' notice so that they could help us to arrange to visit some people in their homes.

We had previously inspected the service on 6 July 2015. We rated the service as good overall with no breaches of regulations. However the service required improvements in the auditing of medication records. At this inspection we found that improvements had been made.

This service is a domiciliary care agency. It provides personal care to people living in their own homes in the community. It provides a service to older adults. At the time of our inspection 110 people were receiving a service.

There was a registered manager in post at the time of our inspection. 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.

There were some systems in place to gather the views of people and to monitor the quality of the service. However, some of the systems used to monitor the quality of the service were not sufficient to identify shortfalls and to take the actions when improvements were required. Staff did not always feel well supported.

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

People received a safe service because staff were trained and followed the procedures to ensure the risk of harm and abuse to people was reduced. Risks that were associated with people's care were assessed and managed appropriately because staff had the information to support people safely. Where people received support from staff with taking prescribed medicines, this was done in a way that ensured people were supported with their medication safely.

People received care and support from staff that were trained to be effective in their role. People's rights were protected and they had choices in their daily lives. People were supported to maintain their diet and health needs where required. Staff were caring and people's privacy, dignity independence and individuality was respected and promoted by staff and the management.

People received care from staff that were suitably recruited in sufficient numbers to ensure people's needs were met. This was because the provider had undertaken the relevant checks to ensure the staff they

employed were suitable to work with people. There were sufficient numbers of safely recruited staff to provide people with regular staff to support them.

People told us that they felt supported by the registered manager and felt able to speak with him if they needed to. People had no complaints about the service but felt they could raise any complaints with the registered manager. The registered manager worked with other agencies to ensure that people's needs were met.

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 told us they felt safe and staff were able to identify and raise any concerns so that people were protected from harm. Risks to people were assessed and managed appropriately.

The appropriate recruitment checks were carried out to ensure that only suitable staff were employed to support people. There were sufficient numbers of staff available to meet people's needs.

People received their medicines as required.

Is the service effective?

Good ●

The service was effective.

People told us that staff were knowledgeable about their needs and had the skills to provide the care and support they wanted.

People were asked to give consent to the care and support they received.

People received the support they needed with eating and drinking and healthcare professionals were involved, when required, to ensure people remained healthy.

Is the service caring?

Good ●

The service was caring

People had developed good relationships with staff that were caring, polite and promoted their independence.

People were supported to express their views and make decisions about the care and support they received. People felt their privacy and dignity was maintained and their independence encouraged.

Is the service responsive?

Good ●

The service was responsive.

Care workers provided care and support in a personalised and responsive way because changes in people's care needs were monitored and responded to.

Systems were in place to gather the views of people about the service they received and complaints were responded to appropriately.

Is the service well-led?

The service was not always well-led.

Some improvements were needed to the monitoring of the service so that improvements could be made when required.

There was an appropriate management structure and systems in place to provide leadership and good management. There was an open and honest culture in the service but not all staff felt supported.

Requires Improvement 

Routes Healthcare (West Midlands)

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.

This inspection took place on 14, 15 and 16 February 2017 and was announced. The inspection was carried out by one inspector. The provider was given a week's notice because the location provides a domiciliary care service and we asked the provider to organise for us to be able to shadow a member of staff on some calls.

This inspection used the standard CQC assessment and ratings framework for community adult social care services, but included testing some new and improved methods for inspecting adult social care community services. The new and improved methods are designed to involve people more in the inspection, and to better reflect their experiences of the service.

When planning our inspection we looked at the information we held about the service including any notifications received from the provider about deaths, accidents/incidents and safeguarding alerts which they are required to send us by law.

The provider had completed a Provider Information Return (PIR). The PIR is a form that asks the provider to offer some key information about the service they provide to assist with the inspection. We also considered information shared with by Commissioners of the service.

As part of our inspection we sent out questionnaires to some staff and some people that were using the service. We took the responses to the questionnaires into consideration when planning our inspection. We visited four people in their homes with a member of staff that provided support to them to observe

interactions. We spoke with two relatives during the home visits. We spoke with six people that received a service and one relative by telephone to get their views about the service they received. We looked at the care files of three people, time sheets and complaints to check people received their care as planned. We spoke with three staff individually and three staff in a group. We also looked at two staff files to check the recruitment process and support that staff received to carry out their roles through supervision and training.

Is the service safe?

Our findings

People told us they received a safe service. One person told us, "I feel safe with them [staff] coming." Another person said, "They [staff] are very good and I feel safe with them." A relative told us that their family member had become so comfortable with the staff so that they [relatives] were able to leave them alone with the staff. This was not possible previously because the family member was very anxious. This assured the relatives that their family member felt safe with the staff. Staff spoken with were able to tell us about the procedures in place to help keep people safe. Staff were able to describe the different types of abuse and the signs to look for that may suggest something untoward had happened. For example, one staff said, "I would raise the alarm if I had any concerns, I would look for physical or emotional signs such as being withdrawn." Staff told us they would report any concerns to the managers who would investigate and take the appropriate actions. Records we hold about the service showed that where concerns arose they were shared with us and the local authority so that they could be monitored to ensure the safety of people. This showed that the provider took actions to protect people.

Risks associated with the care of people were assessed and management plans put in place. People told us that they had discussed care needs and risks with the managers when they started to receive a service. Staff told us and we saw that risk management plans were in place and accessible to staff and people that received support. Staff were knowledgeable about the risks to people and how to keep them safe. The provider information return told us and we saw that risk assessments covered areas such as the environment, mobility, medication and nutrition. Staff told us that if people's needs changed they would inform the managers so that risk assessments could be reviewed and updated.

People were kept safe in the case of emergencies because staff knew what actions to take. We saw that where necessary people had an emergency pendant accessible to them. The pendant enables people to summon emergency support by pressing the button on the pendant. Staff were able to tell us about the actions they would take in the event of not being able to gain access to a person's home or if someone had had a fall. Incident records showed that staff had informed the office staff in these situations. Staff told us that there was an on call system in place so that they were able to get advice even when the office was closed.

One person told us, "They [staff] come four times a day. Same staff, more or less. I'm alright they always come. They come at the right time. They can be about 20 minutes late. I don't mind that because it's because they are with someone else." A relative told us, "The carers come four times a day. The times can vary but within the half hour. If they [staff] are running late they will ring so mum knows."

There were sufficient numbers of staff to meet people's needs. People told us that they had regular staff and felt safe because they knew who was going to be supporting them and that they came around about the time expected. One person told us, "I have the same person all the time." Staff confirmed that they had regular people to support and because the people they were supporting were close to each other they were able to get to the calls on time. Staff told us that if there was a shortage of staff due to leave or sickness, cover was always available. Staff said, "They [managers] will ask if they need cover but they will accept no as

an answer." Staff told us that on occasions the managers would cover a call if needed so people were not left without a call.

The recruitment process ensured that the appropriate employment checks were undertaken to ensure that only suitable staff were employed to support people. Staff told us and records confirmed that checks had been carried out before staff started to support people. Checks included a check with disclosure and barring service (DBS) and previous employment checks to find out about people's character. The DBS checks help employers to make good recruitment decisions.

Some people needed support to take their medicines. One relative told us, "Staff give [person] medicines." Another relative told us, "Mum takes her own medication but staff observe that she has taken it." We saw that the medicine administration records had been completed but there was a gap. The relative told us that this was because a relative had given the medicines so staff didn't sign it. We saw that the daily record reflected this. One staff told us, "We can only give medicines from a blister pack or box. We check what's on the MAR before we give medicines." Staff were clear about when they were administering or prompting medicines. One staff said, "Prompting will be when we remind someone to take their medicines. Administering means giving. We usually prompt and observe that people have taken the medicine and document it and let the office know if there is a problem." Staff told us that they had received training in the administration of medicines. The medicine administration records (MARs) were checked by staff in the office to ensure any gaps on the MARs were checked with the staff and against the daily recordings to determine whether people had received support with their medicines.

Is the service effective?

Our findings

People told us the staff that supported them had the training and skills required to understand and meet their needs. One person said, "The quality of the carers is very good. They must have had good training. They [staff] are always pleasant, nothing too much trouble." Relatives told us that they felt the staff were knowledgeable about people's likes and dislikes. One relative told us, "Mum is very particular about how she has her pillows. Staff know what to do."

Staff spoken with told us they received the training they needed to help them to do their job. One member of staff told us that they were being supported to develop their skills and qualifications. All the staff spoken with told us that they received basic skills and knowledge training but were also able to request additional training for example, dementia care. There was an ongoing training plan so that the provider could be assured that staff had up to date knowledge on which to base the care they provided.

Staff told us that they received induction training and shadowed experienced staff before they were able to work unsupervised. A relative told us that they knew staff were training because they had seen new staff shadowing the experienced staff. The relative said, "The shadowing seems to work well; staff give information to the new staff." Records looked at indicated that staff had completed or were in the process of completing the Care Certificate. The Care Certificate sets the standard for the fundamental skills, knowledge, values and behaviours expected from staff when supporting people. Staff told us and records confirmed that they received supervision where they were able to discuss their work, any concerns or training needs. Staff told us and records confirmed that spot checks were carried out by the managers so that they were able to check the quality of the care provided by staff.

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. Staff said they had received training to enable them to understand how to protect people's rights and support them to make decisions where possible. One person told us, "They [staff] always ask." A relative told us, "Mum has capacity so she can make her own decisions, for example, whether she has a shower or a strip wash. She can have a shower on a different day." Staff told us that they chatted with people constantly and ensured they understood and agreed to the support they received. During our visit to people we saw that staff asked people if they were happy with what they were doing and where for instance, they wanted to get dressed. We asked staff what they would do if they felt someone could not make informed decisions about their care. All staff said if they had any concerns about people's ability to give consent to receiving care they would report it to the managers, so that the person's needs could be reassessed. We saw that where needed families were involved in supporting people to make decisions in people's best interests where the individuals were unable to make decisions for themselves. This showed that staff had a good understanding of the MCA and were working in line with the principles of the MCA.

Some people were supported with preparing food and drink. People told us and we observed that staff

asked people what they wanted and prepared this for them. We saw that staff prepared items such as toast and tea for breakfast and heated up ready meals for the main meal times. Staff were observant and recorded what people had eaten if there were concerns that people might be at risk of losing weight. Staff told us that they would record in the daily records and inform the managers if people were refusing their meals so that family members could be made aware.

Most people told us that they had family members who would support them to see the GP or attend hospital appointments however, staff told us that they would inform the office and family members if the person became unwell. One person told us, "They [staff] get on the phone to say I have lost weight, they weigh me and contact the dietician." During one of our home visits we saw that where staff had some concerns about an individual's health they asked the individual how they felt and if they needed to see the GP. The staff also asked a family member if they had noticed any changes in the person. This showed that staff were observant for any decline in people's health and would contact the appropriate healthcare professionals if needed.

Is the service caring?

Our findings

People felt that the care they received was of a good standard and felt the staff were very caring. One person told us, "Very nice people, I like them. Depends on how you are with them too. I'm used to meeting people." Another person told us, "They [staff] are lovely." We saw that the provider had received several thank you cards from relatives of people who had received a service. One of these said, "Thanks for all the care and compassion that was shown to all of us." This was in respect of the support the family received in enabling their loved one to be discharged from hospital to spend their last few days at home so that they could spend Christmas in their own home. The provider had liaised with the GP and community nurses to ensure care was organised and provided.

People and their relatives told us that they were involved in discussing and agreeing their care and support needs. People were happy that the staff provided the support they wanted. People told us they were asked if they had preference of a male or female member of staff. This showed that people were involved in planning their care and preferences were taken into consideration.

People's privacy and dignity was respected by staff. One person told us, "They [staff] are very respectful. Never had one that I wished had never come." A relative told us, "Staff are respectful and kind. They would know if we didn't feel this." We saw that doors were closed when people were supported with their personal care needs. Staff were able to tell us about how they ensured privacy and dignity was maintained. Examples included ensuring doors and curtains were closed, relatives were asked to leave the room and ensuring people had choices about their care. One relative told us, "Now she [person] is happy for me to leave the room because she is no longer anxious about the staff."

People's independence was promoted. One person told us, "Staff support me to come downstairs." We saw that the staff ensured that once downstairs the person had everything they needed after the staff left them in the house. Another person told us, "I'm trying to be independent; as much as I can. I have a call in the morning for breakfast, opening things and to go to the shops for me." A relative told us, "Staff support [person] to be as independent as possible." Staff told us that they tried to ensure that people did as much as they could for themselves. One staff told us, "I get people to join in, for example, preparing food, putting water in the sink for a wash."

Is the service responsive?

Our findings

People told us that they received care and support that met their individual needs. People and their relatives told us that they had been involved in planning the care they received. We saw that the care plans were available in people's homes and we saw that people were involved in making choices about the support they received. Staff asked people what they wanted help with and what they wanted to eat. Relatives told us that they had been involved in reviews of care so that any adjustments to support could be made if needed. One relative told us, "They [managers] come to ask if we are happy."

People told us that the service was flexible and were able to cancel calls at short notice which showed the service was flexible to meet people's individual needs. A relative told us, "[Name of staff] is flexible and adaptable." During discussions with the registered manager and provider we saw that actions were taken that were over and above what was required of the service where an individual was at risk of financial abuse. The individual often thought they heard noises from their boiler and called up tradesman who would then charge them call out fees. The provider ensured that the person had their telephone number so that they would ring them if they had any concerns and they could arrange for an appropriate person to call at the person's home to reassure the individual.

All the people we spoke with knew how to complain about the service if they needed to. The majority of people said they had never made a complaint but where people had rung the office to discuss an issue they told us that the issue was addressed quickly. The relatives were happy that the managers had been open and honest about this. People who had not raised any concerns told us that they would feel comfortable to contact someone at the office to raise any concerns.

People told us that they sometimes received a telephone call from the office to ask if they were happy with the service or a home visit. A relative told us, "They come to ask if we are happy." The provider told us that they sometimes carried out calls so that they could chat with people and find out if they were happy with the service. There were also surveys that were sent to people to ask if they were happy with the service they received

Is the service well-led?

Our findings

Everyone we spoke with was happy with the care they received but some people said that on occasions their calls were late or they were not always happy with staff that assisted them when their main carers were not available. During one of our visits to people in their homes we saw that the staff member had carried out the call earlier than planned. We saw that the staff rota showed the call was planned for two o'clock and although the daily logs had been audited it had not been identified that staff were not attending at the required time. This showed that the monitoring systems were not robust enough to identify when care plans were not being followed as required so that actions could be taken to address any issues that needed to be addressed.

We saw that spot checks were carried out for each staff regularly and we saw that no issues of poor practice had been picked up. We saw that staff employment records did not always evidence that a risk assessment had been carried out when employing someone whose disclosure and barring checks had identified an issue that needed to be considered before the person was employed.

There was a registered manager in post at the time of our inspection and all conditions of registration were being met. People, relatives and staff were generally positive about the registered manager. Some staff who responded to our surveys indicated that they did not always feel supported through regular supervisions, or by ensuring their work schedules enabled them to arrive on time and stay for the agreed time. Most staff said that the registered manager and provider were supportive and would carry out calls if the staff were unable to do the call themselves. This indicated that although most staff felt supported by the management team some staff did not feel well supported.

One relative told us, "We had arranged for an earlier call but the carer didn't come at the earlier time. The management put up their hands and said it was their error as they hadn't changed the time on the rota." The relative went on to say that they were happy with this as the management team had been open and honest with them. The relative appreciated that there were good communications with the management team. This also showed that the registered manager and provider were working in line with the duty of candour that required them to be open and honest with people when things had gone wrong.

The registered manager and provider worked effectively with other services to ensure that people's needs were met appropriately. For example, they worked with the appointee for one person to ensure that they were kept safe.

People and their relatives told us that they received a good quality service and spoke highly of the registered manager and provider. People and their relatives told us that their views about the service was asked by the registered manager and provider who visited them or phoned to ask how things were. We saw that surveys had been sent to people to get their views about the service. Most of the responses said they were happy with the service. We saw that one person had commented that they were not happy with the staff at weekends. We saw that the provider had taken action so that the person had a team of staff that would support them throughout the week. We saw that some people had commented that they didn't know about

their care plan and a reassessment had been carried out and a care plan put in place to ensure that people were aware of what was in their care plan. This showed that the provider responded to issues raised in the surveys.

The provider and registered manager told us that they spoke with staff on a regular basis when staff brought in their timesheets so that any concerns or worries could be discussed. Staff told us and we saw that meetings were held so that staff had opportunities to raise any issues and concerns they may have. This showed that systems were in place to gather the views of staff about the service so that actions could be taken to improve the service.