

Routes Healthcare (North) Limited

Routes Healthcare Yorkshire

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?

Good ●

Summary of findings

Overall summary

Routes Healthcare is registered as a domiciliary care agency and provides a range of services including personal care and end of life care to people living in Bradford and Calderdale areas of West Yorkshire. At the time of inspection the agency was providing care and support to approximately 43 people.

We inspected Routes Healthcare on the 17 February and 2 March 2017. We announced the inspection 48 hours prior to our arrival to make sure the registered manager would be available.

Our last inspection took place 11 and 15 February 2016 and at that time we found the service was not meeting three of the regulations we looked at. These related to safe care and treatment, person centred care and good governance. This inspection was therefore carried out to see what improvements had been made since the last inspection.

At the time of inspection there was a registered manager in post. 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.

We found staff received training to protect people from harm and they were knowledgeable about reporting any suspected harm. Staff told us the training provided by the agency was very good and they received the training and support required to carry out their roles effectively.

Where risks to people's health, safety and welfare had been identified appropriate risk assessments were in place which showed what action had been taken to mitigate the risk.

The feedback we received from people who used the service or their relatives about the standard of care provided was consistently good and people told us staff were reliable and conscientious.

The support plans we looked at were person centred and were reviewed on a regular basis to make sure they provided accurate and up to date information. The staff we spoke with told us they used the support plans as working documents and they provided sufficient information to enable them to carry out their role effectively and in people's best interest.

If people required staff to assist or support them to prepare food and drink information was present within their support plan and staff told us they encouraged people to eat a healthy diet. However, this was not always reflected in the daily logs they completed.

There were a sufficient number of staff employed for operational purposes and the staff recruitment process ensured only people suitable to work in the caring profession were employed. Staff were able to describe how individual people preferred their care and support delivered and the importance of treating people with

respect in their own homes.

The registered manager demonstrated a good understanding of their responsibilities under the Mental Capacity Act 2005 (MCA) and staff demonstrated good knowledge of the people they supported and their capacity to make decisions.

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

There was a quality assurance monitoring system in place that was designed to continually monitor and identify shortfalls in service provision. People who used the service and staff spoke highly of the registered manager and we found there was an open and honest culture within the service.

On this inspection we found no breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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 receiving care in their own home.

There were processes in place to ensure people were protected from the risk of abuse and staff were aware of safeguarding procedures.

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

People were supported to receive their medicines safely.

There were environmental and individual risk assessments with up to date plans in place to reduce and manage risks to people.

Is the service effective?

Good 

The service was effective.

People were involved in discussions about their care and support needs.

Staff had the skills and knowledge to meet people's needs and received regular training and support to make sure they carried out their roles effectively.

People were always asked for their consent before care was given.

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

Is the service caring?

Good 

The service was caring

Care and support was provided in a caring and respectful way. The principles of privacy and dignity were upheld and staff spoke with compassion about the people they supported.

Wherever possible people were involved in reviewing their care needs and were able to express their views about how they wanted their care and support to be delivered.

People's confidentiality was respected and maintained.

Is the service responsive?

Good ●

The service was responsive.

People had been assessed and their care and support needs identified. These had then been regularly reviewed and updated as required.

There was a system in place to manage complaints and comments. People felt able to make a complaint and were confident that complaints would be listened to and acted on.

The delivery of care was personal to each person and responsive to their changing needs.

Is the service well-led?

Good ●

The service was well led.

There was a quality assurance monitoring system in place which was designed too continually monitored and identified any shortfalls in service provision.

People who used the service were asked about their views and opinions of the service and knew who to contact if they had a problem.

The values and vision of the organisation were embedded into practice. Staff spoke positively about working for the provider and the support provided by the registered manager and senior management team.

Routes Healthcare Yorkshire

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.

We visited the provider's offices on 17 February and 2 March 2017. The inspection was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure the registered manager was available. The inspection was carried out by one inspector.

Before the inspection we reviewed the information we held about the service. This included looking at information we had received about the service and statutory notifications the registered manager had sent us.

We also asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. The registered provider returned the PIR and we took this into account when we made judgements in this report.

During the visit to the provider's office we looked at the care records of five people who used the service, four staff recruitment files, training records and other records relating to the day to day running of the service. We also spoke with the registered manager, the operations manager and the HR, learning and development manager.

Following the visit to the provider's offices we carried out telephone interviews with fourteen people who used the service or their relatives and thirteen staff. We also contacted the Local Authority Commissioning Services in both Bradford and Calderdale.

Is the service safe?

Our findings

At the last inspection we had concerns medicines were not always managed in a proper and safe way. This was because we were unable to establish from the medication administration records (MAR) what time of day prescribed medicines were being administered to people if their medicines were being administered from a dosette box. These are boxes that contain medicines organised into compartments by day and time, to simplify the taking and administration of medications. We also found in some instances people were not receiving their medicines at safe intervals during the day and there were no protocols in place for medicines administered on an 'as and when required' (PRN) basis.

On this inspection we found improvements had been made and there was a clear audit trail to show what medicines had been administered and at what time. We found improvements had been made to the staff rota pattern which ensured people received their medicines at safe intervals during the day and allowed time critical medicines to be administered as prescribed. We also found protocols had been put in place for medicines prescribed on an 'as required' (PRN) basis which provided guidance to staff on the circumstances under which the medicines may be administered. .

We saw the MAR ran for a one week period following which they were returned to the office for auditing. The registered manager told us the audits had identified five occasions when staff had not signed or coded the MAR since the start of 2017. We saw action had been taken to address this matter by providing individual staff members with additional training and support. The documentation we looked at including the MAR audit checklists evidenced this.

People who used the service and their relatives told us they received their medicines on time and raised no concerns about the competency of staff. One person said, "I used to be able to manage my own medication but I now get a little muddled up so it is far better for the care girls to do it. They make sure I get my medication on time and that I don't run out tablets which takes a great deal of pressure off me."

At the last inspection we also found call times were not always conducive to safe care. On this inspection we found improvements had been made to the staff rota's to ensure care was provided in a timely manner and in line with people's assessed needs and care plan. The registered manager told us staff wherever possible assigned to particular geographical areas so people were visited by the same care staff and received continuity of care. We saw rotas were planned a week in advance and staff were informed of the calls they would be covering. The registered manager told us they signed off all staff rota before they are sent out by the care-coordinators to ensure all visits are covered. In addition, we were told the organisation is also in the process of introducing a new electronic system and data base which will assist with schedule planning as well as other aspects of service delivery.

The people we spoke with confirmed that they usually received support from either the same carer or group of carers but appreciated that due to staff sickness and holidays this could not always be the case. One person said, "I like to know which staff will be calling so I have asked for a weekly rota to be provided but I am aware this may change if there are staffing problems." Another person said, "In an ideal world I would

like the same carers to visit all the time but realise this is not always possible. However, the carers have never let me down and I am very pleased with the service I receive. What more could you ask for."

We saw the provider had a policy in place for safeguarding people from abuse which provided guidance for staff on how to detect different types of abuse and the reporting procedures. The service also had a whistle blowing policy for staff to report matters of concern. In addition, the registered manager told us they operated an open door policy. People who used the service, their relatives and staff were aware they could contact them at any time if they had any concerns.

The staff we spoke with were aware of how to detect signs of abuse and of external agencies they could contact. They told us they knew how to contact the local authority Adult Protection Unit and the Care Quality Commission (CQC) if they had any concerns. They told us they were aware of the whistle blowing policy and felt able to raise any concerns with the registered manager knowing they would be taken seriously.

Everyone we spoke with were confident the staff employed by the agency were suitable to work in the caring profession and had no concern about their safety. One person said, "All the staff are wonderful and I look forward to their visits." Another person said, "I receive a first rate service from caring and well trained staff."

The registered manager confirmed the agency employed sufficient staff for operational purposes and staff recruitment was on-going. We saw recruitment and selection procedures were in place to ensure only staff suitable to work in the caring profession were employed. This included ensuring a Disclosure and Barring Service (DBS) check was made and at least two written references were obtained before new employees started work. We looked at four recruitment files and found all relevant checks had been carried out prior to employment.

The staff we spoke with told us the recruitment process was thorough and said they had not been allowed to start work before all the relevant checks had been completed and satisfactory references received.

We saw risk assessments were in place and the staff we spoke with were aware of their roles and responsibilities in relation to keeping people safe when providing care and support. They told us if they noticed any new areas of risk they took immediate action to minimise the risk. They then informed the registered manager or a care coordinator who arranged for a thorough risk assessment to be carried out and the support plan updated. We saw risk assessments covered such areas as mobility, medication, infection control and the environment.

Is the service effective?

Our findings

The internal training policy we looked at showed the organisation was committed to providing staff with high quality training and that all new employees had to complete mandatory training prior to the commencement of their first shift. In addition, the policy showed new employees without at least six months experience in the caring profession had to complete the Care Certificate within twelve weeks of commencing their first shift. The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working life.

The registered manager told us all staff received classroom based mandatory training on an annual basis. This was so they could interact with their peers and the trainer could be confident individual staff members had fully understood the course content. We saw mandatory training included moving and handling, safeguarding, first aid, medication management and The Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). The registered manager confirmed staff did complete some on line learning courses and training required to meet an individual person's needs was at times provided by other healthcare professionals.

The staff we spoke with told us the training provided by the agency was comprehensive and they confirmed they updated their training on a regular basis. We saw individual staff training and personal development needs were identified during their formal one to one supervision meetings. Supervision meetings are important as they support staff to carry out their roles effectively, plan for their future professional and personal development and give them the opportunity to discuss areas of concern.

The staff also told us there was always a senior staff member on call outside of normal office hours who they could contact any time for guidance, advice and support. However, two staff members who had used the out of hours system felt that the person on call did not always respond to their request for support in a timely manner or appropriate manner. This was discussed with the registered manager who confirmed the matter would be addressed immediately.

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. In the case of Domiciliary Care applications must be made to the Court of Protection. We found the service was working within the principles of the MCA and the registered manager had an understanding of how these principles applied to their role and the care the agency provided.

We saw evidence of consent in people's care records. For example, in the care records we reviewed we saw

people had signed their support plan and consented to the care and treatment provided by staff. The staff we spoke with told us they always asked people's consent before assisting them with any personal care tasks and that care and support was provided in line with their agreed care plan. One staff member said, "It can be very difficult for some people to accept they need help. It is therefore important staff listen to them and gain their confidence and consent and let them know we are there to help them retain their independence not take it away. I think as a staff team we are very good at this and would never provide care and support against people's wishes."

We saw if people who used the service required staff to assist or support them to prepare food and drink information was present within their support plan. For example, one person's support plan showed they had a poor appetite and staff should offer them a choice of food and drink at each call and document their daily intake on their daily log. However, when we looked at the daily log we found this information was not always recorded. This matter was discussed with the registered manager who confirmed the need for staff to complete documentation training had been identified through the internal audit system and appropriate training had already been planned to address this. We saw evidence of this within the training documentation we looked at.

We saw evidence people were supported to maintain good health. Information on people's medical history and existing medical conditions was present within their support plans to help staff be aware of people's healthcare needs. The registered manager confirmed if staff noted a change in people's needs or were concerned about someone's health they would refer them to other healthcare professionals if appropriate. They told us they had built up good working relationships with other health care professionals and staff always followed their advice and guidance.

Is the service caring?

Our findings

People who used the service told us they had been provided with appropriate information about the agency in the form of a 'Service Users Guide' prior to a service commencing. This included information on the services provided by the agency and the standard of care and support they could expect to receive.

People told us staff were extremely thoughtful and empathetic towards their needs, showing high levels of compassion and kindness and going out of their way on a consistent basis to ensure their needs were met. They told us the service was caring and provided positive feedback about the attitude of the staff and management. They told us that the staff were professional and had a flexible approach to providing care and support.

One person said, "I am extremely pleased with the staff that visit me they are friendly and reliable and always find time to have a chat and reassure me if I am feeling a little down. It's those little things that can mean so much to someone living alone." Another person said, "I was initially a little anxious about having strangers in my home but all the staff are excellent and soon put my mind at rest. I now feel very comfortable with them and look forward to their visits. I don't think of them as strangers now but more as friends who are there to help me." These comments showed that people felt they received a caring service.

People who used the service and/or their relatives told us they had been involved in developing their support plans and agreeing the level of care and support they required. One relative told us "We have been involved in planning [Name of person's] care package since day one to make sure it meets their changing needs and so far everything has worked out fine. It's all about good communication, the agency keep me informed of any significant changes to their condition and likewise I inform them if I have concerns."

The staff we spoke with told us they helped people who used the service to remain as independent as possible and to remain in control of their daily lives. One staff member told us, "I am always mindful that it is so easy to take away someone's independence by carrying out tasks they can and often want to do for themselves. I therefore make sure wherever possible I encourage people to retain their independence."

People could be confident that good practice would be maintained for their end of life care and that they would experience a comfortable dignified end to their life. One staff member told us, "We build a rapport with the person and their family. We ensure they are comfortable and most importantly, where they want to be, at home." Relatives spoke highly of the caring nature of care workers and their ability to provide empathic, kind and compassionate end of life care.

The support plans we looked at showed they had been developed in close consultation with people who used the service and/or their relatives. This helped to ensure their individual needs were met. All the staff we spoke with spoke respectfully and with warmth about people who used the service. They were able to describe how individual people preferred their care and support to be delivered and the importance of treating people with respect in their own homes. They knew people's likes and dislikes and things that were important to them.

The staff also told us they provided person centred care and although they used the support plans as working documents they always asked people how they would like their support to be delivered at each visit, because they recognised this could change from day to day. We saw communication plans were in place which detailed people's specific communications needs. This meant staff could effectively seek people's views and preferences about how they wanted their care and support to be delivered.

The registered manager told us staff received training on person-centred care planning as part of their induction training and the importance of person centred care was discussed at team meetings and during their one to one meetings with their line manager. They told us staff also received training on equality and diversity and the staff we spoke with told us that this meant promoting equality and opportunity for all and caring for people in a manner that was free of prejudice and discrimination.

We saw the agency had policies and procedures in relation to protecting people's confidential information which showed they placed importance on ensuring people's rights, privacy and dignity were respected. We saw staff had received information about handling confidential information and on keeping people's personal information safe. All care records in the office were stored securely to maintain people's confidentiality.

Is the service responsive?

Our findings

At the last inspection we found people did not always receive personalised care that met their needs as visit times were not always consistent and showed unacceptable variations from day to day. On this inspection we found more emphasis had been placed on ensuring staff rota's were better organised and people needs were met in a consistent and timely manner.

The registered manager told us when a person was initially referred to the agency they were always visited by them before a service started. During this visit a full assessment of their needs was carried out. We were told the process took into account any cultural, religious, physical or complex needs the person had. The registered manager confirmed that they would not take on a care package unless they were absolutely certain they could meet the person's needs.

People who use the service or their relatives told us they had been given a folder that contained information about the services the agency provided. This was to help them decide if they felt it was suitable for their needs. They told us the information provided was clear and it fully explained in detail the services the agency offered. This meant people were able to make an informed choice about whether the agency was suitable for their needs.

People also told us that the service they received was flexible and based on what care and support they felt they wanted. One person said, "I have had to cancel or change my care package at short notice and the agency have always gone out of their way to accommodate my needs." Another person said, "The staff ask me what help I need because that can change on a daily basis and do exactly what I ask. The service is excellent and the staff are a credit to the agency." People we spoke with confirmed staff always read the care documentation when they visited and completed the daily report sheets.

We saw support plans were person centred and contained guidance about people's personal preferences and how they liked to be supported. For example, one support plan explained how the person liked to be assisted to bathe. Another support plan explained how to support a person who had memory loss and needed to be prompted with personal care. Support plans were detailed and explained what actions were needed to meet people's needs. They also provided the staff with a clear overview of the level of support and tasks required at each visit. The registered manager told us support plans were routinely reviewed on an annual basis or sooner if there were any significant changes in people's needs.

The staff we spoke with told us they found the support plans helpful and informative, enabling them to provide safe, effective and responsive care. They told us they generally had sufficient time to meet people's needs. However, two staff members felt that at times there was insufficient travelling time between visits which meant they missed out on breaks to ensure people received their visits on time. This was discussed with the registered manager who confirmed they would look at the rotas again and see if improvements could be made.

The provider had a complaints procedure in place which shows they worked on the principle that people

should be able to access the complaints procedure easily and any complaints received should be welcomed and looked upon as an opportunity to learn, adapt, improve and provide better services. In addition, we saw an informal comment form was completed to capture low level concerns made by people who used the service or their relatives who had raised specific issues but did not want to make a formal complaint.

The registered manager told us they had a proactive approach to managing complaints and was always available to talk to people and deal with any concerns as soon as they arose. The provider information return (PIR) completed by the registered manager showed the service had dealt with twelve complaints in 2016 under the formal complaints procedure.

The people who used the service and/or their relatives told us they were aware of the complaints procedure and had a telephone number for the agency which they could use both during and out of normal office hours if they had any concerns. One person said, "I have never had to make a formal complaint but I do have a copy of the complaints procedure and would not hesitate to contact the manager if I felt the need to do so." Another person said, "I have never had to make a formal complaint but I have contacted the office once or twice when things were just right and they sorted things out very quickly."

Is the service well-led?

Our findings

At the last inspection we had concerns robust systems were not in place to assess, monitor and improve the service. At the time of inspection the service had only been operational for approximately eight months and had not undertaken a full quality audit of its systems and processes.

On this inspection we found there was a robust internal audit system in place designed to monitor and improve the quality of the service provided. We saw the audit system covered all aspects of service delivery which meant any shortfalls in the service were quickly identified and addressed. For example, a recent audit of care records had highlighted that staff would benefit from additional training on report writing and a training course had been planned.

The registered manager told us the audit results were reviewed and analysed for themes and trends which might lead to changes in established procedures or work practices. There was evidence that learning from incidents/investigations took place and appropriate changes were implemented.

In addition, the registered manager told us Routes Healthcare had an organisational structure which ensured registered managers were supported in their role by senior operational staff and there were clear lines of accountability. They also told us they could draw on the skill and expertise of other key people within the organisation including the operations manager, training manager and human resource staff. This meant the service was managed effectively and in people's best interest.

The registered manager told us both they and the care co-ordinators also carried out random spot checks on staff as they worked in people's homes. This was to make sure care and support was being delivered in line with their agreed support plan. They confirmed the frequency of the spot checks were determined by several factors including the complexity of the service provided.

People who used the service and their relatives spoke highly of the registered manager and the senior management team. One relative told us, "The manager is very approachable and I have spoken with them on several occasions." Another relative told us, "I know which care coordinator to contact if I need anything and if they are not available I just ring the office there is always someone available to help."

People also told us they were contacted by the registered manager or a care coordinator on a regular basis and were kept fully informed of any events that might impact on service delivery. They told us they were asked to completed questionnaires about the quality of the service provided and were fully involved in their care and support.

We saw staff meetings were held to ensure staff were kept up to date with any changes in policies and procedures and any issues that might affect the management of the service or the care and support people received. Staff confirmed that staff meeting provided them with the time to air any concerns, discuss practice issues and share learning. One staff member told us, "Staff meetings are an ideal opportunity for us to all get together, share ideas and talk about things."

The staff we spoke with had a good insight into the provider's visions and values for the service. They were able to explain these included providing person centred care, helping people to keep their independence and respecting their diversity. The staff told us they made sure they put these values into practise with everyone they supported.

Staff told us the training and support the service provided was very good and they said the registered manager and senior management team were approachable and listened to them if they had a concern. They told us there were generally clear lines of communication within the agency and they were supported through a planned programme of supervision and training.