

Routes Healthcare (North) Limited

Routes Healthcare DCA

Inspection report

Unit 5
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Blackpool
Lancashire
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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

This inspection visit took place on 17 January 2018 and was announced. Routes Healthcare DCA is a privately owned domiciliary agency. They are situated on the Metropolitan Business Park just off Preston New Road in Blackpool. The agency provides personal care to people in their own homes. The service covers a wide range of dependency needs including adults, children, people with a learning disability, people with mental health problems and younger adults. At the time of our inspection visit the service supported 89 people.

There was a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

At the last inspection on 09 February 2016 the service was rated Good. At this inspection we found the service remained Good.

We spoke with two people supported by the service and ten family members. They told us staff who visited them were polite, friendly and caring. They told us they received patient and safe care and they liked the staff who supported them. Comments received included, "I get the same group of carers and they are really good. I feel safe with them because they are kind and caring towards me. I like all my carers." And, "Our package is working really well. The carer supporting [relative] has been brilliant. "

During this inspection people supported by the service told us staff were usually reliable. They told us they were contacted if staff were running late with their visits for any reason.

The service had systems in place to record safeguarding concerns, accidents and incidents and take necessary action as required. Staff had received safeguarding training and understood their responsibilities to report unsafe care or abusive practices.

Risk assessments had been developed to minimise the potential risk of harm to people during the delivery of their care. These had been kept under review and were relevant to the care provided.

Staff had been recruited safely, appropriately trained and supported. They had skills, knowledge and experience required to support people with their care and social needs.

Staff responsible for assisting people with their medicines had received training to ensure they had the competency and skills required. People told us they received their medicines at the times they needed them.

The service had safe infection control procedures in place and staff had received infection control training.

Staff wore protective clothing such as gloves and aprons when needed. This reduced the risk of cross infection.

People were supported to have maximum choice and control of their lives and staff support them in the least restrictive way possible; the policies and systems in the service support this practice.

People's care and support was planned with them. People told us they had been consulted and listened to about how their care would be delivered.

Staff supported people to have a nutritious dietary and fluid intake. Assistance was provided in preparation of food and drinks as people needed.

People were supported to have access to healthcare professionals and their healthcare needs had been met.

People told us staff were caring towards them. Staff we spoke with understood the importance of high standards of care to give people meaningful lives.

The service had information with regards to support from an external advocate should this be required by people they supported.

People told us staff who visited them treated them with respect and dignity.

People who used the service and their relatives knew how to raise a concern or to make a complaint. The service had kept a record of complaints received and these had been responded to in a timely manner.

The service used a variety of methods to assess and monitor the quality of the service. These included daily service meetings, quality assurance visits, satisfaction surveys and care reviews.

The registered manager and staff were clear about their roles and responsibilities and were committed to providing a good standard of care and support to people in their 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 remains Good.

Is the service effective?

Good ●

The service remains Good.

Is the service caring?

Good ●

The service remains Good.

Is the service responsive?

Good ●

The service remains Good.

Is the service well-led?

Good ●

The service remains Good.

Routes Healthcare DCA

Detailed findings

Background to this inspection

We carried out this comprehensive 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.

Routes Healthcare DCA is a domiciliary care agency. It provides personal care to people living in their own homes. The service covers a wide range of dependency needs including adults, children, people with a learning disability, people with mental health problems and younger adults.

Prior to our inspection visit we contacted the commissioning departments at Blackpool Council and Lancashire County Council. We also contacted the National Health Service (NHS) Blackpool Clinical Commissioning Group (CCG). This helped us to gain a balanced overview of what people experienced accessing the service.

We received completed surveys from four people who use the service, two staff members, two community professionals and two relatives providing their views about the service.

Due to technical problems the provider did not receive the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

This inspection visit took place on 17 January 2018 and was announced. The provider was given 24 hours' notice because the location provided a domiciliary care service to people who lived in the community. We needed to be sure that we could access the office premises.

The inspection team consisted of an adult social care inspector.

During our inspection we spoke with two people supported with their personal care and ten family members. We also went to the Routes Healthcare DCA office and spoke with the services operations manager, the registered manager, training manager and four staff members providing care in the

community. We looked at the care records of three people, recruitment records of three staff members, the training matrix and records relating to the management of the service. We also observed a refresher training session about safeguarding people. This was attended by 12 staff members.

Is the service safe?

Our findings

We spoke with people about the service they received and whether they felt safe in the care of staff who supported them. They told us they usually had the same group of staff who provided their care and they were familiar with their needs and preferences. Comments received included, "I wanted continuity with the care provided for [relative]. Routes listened and ensured we received the same group of carers who were knowledgeable, skilled and familiar with [relatives] needs. They have my complete trust every one of them." And, "Our carers are perfect. Always punctual, stay the correct amount of time and provide a great service. I have no concerns about [relatives] safety."

The service had procedures in place to minimise the potential risk of abuse or unsafe care. Records seen and staff spoken with confirmed they had received safeguarding vulnerable adults training. Staff spoken with understood their responsibility to report any concerns they may observe and keep people safe.

Care plans seen had risk assessments completed to identify the potential risk of accidents and harm to staff and people in their care. Risk assessments provided clear instructions for staff members when they delivered their support. We also saw the service had undertaken assessments of the environment and any equipment staff used when supporting people. Where potential risks had been identified action taken by the service had been recorded.

The registered manager monitored and regularly assessed staffing levels to ensure sufficient staff were available to provide support people needed. People supported by the service told us staff who visited them were reliable and very rarely late. One person said, "They do occasionally get held up at previous visits if someone is unwell. They always ring me to tell me they are on their way and not to worry so I don't. They have never let me down and I am very grateful for their care."

We spoke with people about the management of their medicines. They told us they were happy with medicines arrangements and received their medicines when they needed them. One person said, "They do a good job looking after my medicines."

Staff had received infection control training and were provided with appropriate personal protective clothing such as disposable gloves and aprons. This meant staff were protected from potential infection when delivering personal care. People supported confirmed staff wore gloves and aprons when delivering their personal care.

We looked at how accidents and incidents were managed by the service. There had been few accidents. However, where they occurred any accident or 'near miss' was reviewed to see if lessons could be learnt and to reduce the risk of similar incidents.

Is the service effective?

Our findings

People received effective care because they were supported by an established and trained staff team who had a good understanding of their needs. People told us staff understood their needs and said they were happy with the care and support they received. One person said, "The staff who visit me are motivated to help and provide my support in a flexible and accommodating way. I have nothing but praise for them." And, "[Relative] is supported by well trained, caring and conscientious staff. We are really happy with them."

We spoke with staff members, looked at individual training records and the services training matrix. All staff had achieved or were working towards national care qualifications. This ensured people were supported by staff who had the right competencies, knowledge, qualifications and skills. We also observed part of a refresher training session about safeguarding people during the inspection visit. This was attended by 12 staff members. We saw the training was delivered in a relaxed and professional manner and staff engaged positively with the trainer.

People supported by the service had received a full assessment of their needs before carers commenced their visits. This ensured the service had information about the support needs of people and they were able to confirm these could be met. Following the assessment the service, in consultation with the person to be supported or family member had produced a plan of care for staff to follow. One person said, "I was involved in the care planning process and was very clear how I wanted my needs to be met. I haven't been disappointed."

Care plans seen confirmed people's dietary needs had been assessed and any support they required with their meals documented. For example clear instructions were in place for one person with specific nutritional needs. The guidance was clear and ensured the person was supported safely. People cared for by the service told us they were happy with the support they received with their meals.

The service worked in partnership with health and social care professionals to ensure people with complex health needs could be cared for in their home. A healthcare professional we spoke with told us Routes Healthcare provided an excellent service enabling people to be discharged out of hospital. They told us this meant people could have their needs met in the comfort of their own home. They told us the service communicated very well with them and would attend meetings with health and social care professionals and families to discuss issues with the care package.

We saw people's care records included the contact details of their General Practitioner (GP) so staff could contact them if they had concerns about a person's health. People we spoke with said their general health care needs were co-ordinated by themselves or their relatives. However, staff were available to support people to access healthcare appointments if needed.

We looked at how the service gained people's consent to care and treatment in line with the Mental Capacity Act (MCA). We saw written consent to care and treatment had been recorded on people's care records by the person or family member. Where people lacked mental capacity we saw this had been

considered during best interests meetings and had been reflected in their care records.

Is the service caring?

Our findings

People supported by the service told us they were treated with kindness and staff were caring towards them. Comments received included, "All the girls are great, really caring and kind. They always have a smile on their faces and cheer [relative] up the minute they arrive. I am so grateful for their support." And, "There isn't a single carer I don't like they are brilliant. They are great with [relative] and nice to me. I was feeling down last week and they brought me a bunch of flowers to cheer me up. What a lovely gesture."

We looked at care records of three people. We saw evidence they or a family member had been involved with and were at the centre of developing their care plans. The plans contained information about people's current needs as well as their wishes and preferences. Daily records completed were up to date, well maintained and informative. We saw evidence to demonstrate people's care plans had been reviewed and updated on a regular basis. This ensured staff had up to date information about people's needs.

There was clear collaboration between the service and people they supported. For example, people's preferences and information about their backgrounds had been recorded. Additionally, the service had carefully considered people's human rights and support to maintain their individuality. This included checks of protected characteristics as defined under the Equality Act 2010, such as their religion, disability, cultural background and sexual orientation. Information covered any support they wanted to retain their independence and live a meaningful life.

Staff we spoke with showed they had an understanding and an appreciation of people's individual needs around privacy and dignity. People supported by the service told us staff spoke with them in a respectful way and they were treated with dignity during delivery of their personal care. The relative of one person said, "The staff who visit us are very respectful of our home. They treat [relative] with dignity and kindness. I have nothing but praise for the company."

We spoke with the registered manager about access to advocacy services should people require their guidance and support. The service had information details for people and their families if this was needed. This ensured people's interests would be represented and they could access appropriate services outside of the service to act on their behalf if needed.

Is the service responsive?

Our findings

We found the service provided care and support that was focused on individual needs, preferences and routines of people they supported. People we spoke with told us how they were supported by staff to express their views and wishes. This enabled people to make informed choices and decisions about their care and support. One person we spoke with said, "They give me the support I need and are always available for me. They listen to me and are very considerate of my feelings. They have been great for me."

We looked at what arrangements the service had taken to identify, record and meet communication and support needs of people with a disability, impairment or sensory loss. Care plans seen identified information about whether the person had communication needs. These included whether the person required easy read or large print reading.

The service had a complaints procedure which was made available to people they supported and their family members. The procedure was clear in explaining how a complaint should be made and reassured people these would be responded to appropriately. Contact details for external organisations including social services and the Care Quality Commission (CQC) had been provided should people wish to refer their concerns to those organisations. We saw the service had a system in place for recording complaints. This included recording the nature of the complaint and the action taken by the service. The people we spoke with during the inspection told us they were happy with their service and had no complaints.

People's end of life wishes had been discussed with them and their family members and recorded so staff were aware of these. We saw the service had supported people to remain in their own home where possible as they headed towards end of life care. This allowed people to remain comfortable in their familiar, homely surroundings, supported by staff known to them. A healthcare professional we spoke with told us Routes Healthcare had an established team of trained carers who provided excellent care to end of life patients.

Is the service well-led?

Our findings

People supported by Routes Healthcare told us they were happy with the way in which the service was managed. Comments received included, "Really well run service with polite and efficient office staff." And, "I have no issues with the management of the service. I find them all helpful and friendly." A social care professional said, "The person I deal with at the office is always friendly, knowledgeable and efficient. I cannot recall any occasions where people have contacted me to complain about the service."

There was a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

We found the service had clear lines of responsibility and accountability. The registered manager and her staff team were experienced, knowledgeable and familiar with the needs of the people they supported. Discussion with the registered manager and staff on duty confirmed they were clear about their role and between them provided a well run and consistent service.

The service had systems and procedures in place to monitor and assess the quality of their service. These included seeking views of people they support through satisfaction surveys. People were asked a number of questions. These included asking if their carers were punctual, stayed for the allocated time, were good communicators, friendly and helpful and if they were respectful and provided dignified care. Comments received included, 'The staff are lovely. My parents speak very highly of them.' And, 'The staff feel empathy for [relative] and treat them as an individual not as someone in a wheelchair.'

Additional quality monitoring procedures in place included care quality reviews. These were completed by the services branch nurse. Feedback received during these visits included overall satisfaction with the service and staff. We saw people had said they were happy with the service and the carers who visited them.

The service listened to the views of people who used the service and had made amendments to their care package to accommodate their needs and preferences. For example one person told us although they liked most of their carers who were friendly and bubbly in personality they had found one carer quiet and difficult to take to. The person said, "There was nothing wrong with the carer I just couldn't take to them. I contacted the office and they sent another carer who was far more personable and fun." Another person told us they had their evening visit moved to a later time after contacting the office because they wanted to stay up later to watch television. This showed the registered manager listened to people and acted to improve the service for them.

The service worked in partnership with other organisations to make sure they were following current practice, providing a quality service and the people in their care were safe. These included social services, healthcare professionals including General Practitioners, occupational therapists' and district nurses.

The service had on display in the reception area of their premises and their website their last CQC rating, where people could see it. This has been a legal requirement since 01 April 2015.