

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?	Requires Improvement ●

Summary of findings

Overall summary

About the service

Routes (Yorkshire) is a domiciliary care agency. It provides personal care to people living in their own homes and flats in the community. At the time of the inspection the service was providing personal care to 120 people.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

People's experience of using this service

The service provided a range of care packages. Most people who used the service were happy with the care and support provided by Routes (Yorkshire). People and relatives told us they felt safe and staff were caring. Call times were generally reliable. The provider was introducing an electronic system to ensure this was monitored closely.

People's care needs were assessed, and they received person centred care from staff who knew them well. Care plans were clear and up to date. Medicines were managed safely, and people received appropriate support with their health needs.

Staff were knowledgeable about people and the topics we asked them about. They received good quality training, supervision and appraisal. They were enthusiastic and demonstrated they were committed to providing person centred care.

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

Recent management changes meant there was no registered manager at the time of the inspection. The provider had introduced interim measures to ensure the management of the service. Quality checks were in place. We identified some gaps in these checks, but the service had responded to and resolved the issues prior to this inspection. There was a culture of learning and improvement in the management and staff team.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was good (published 13 April 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Requires Improvement ●

The service was not always well-led.

Details are in our well-led findings below.

Routes Healthcare Yorkshire

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by an inspector, an assistant inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats. A manager had recently been appointed who was going through the process of registering with the commission. A registered manager and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave the service notice of the inspection. This was because we needed to be sure that the provider or manager would be in the office to support the inspection.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with seven people who used the service and nine relatives about their experience of the care

provided. We spoke with 14 members of staff including the nominated individual, manager, senior trainer, care coordinator and ten care workers. We reviewed a range of records. This included seven people's care records and multiple medication records. We looked at five staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We asked the manager to send us further information after the inspection. This was received promptly and considered as part of the inspection.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Staffing and recruitment

- People and relatives had mixed views about call times. Most people said calls were on time, but some people said there was an issue with timings and they were not always informed of lateness. The provider told us they were introducing electronic call monitoring which would improve systems for monitoring and reduce late calls.
- Staffing levels were generally maintained. Most staff we spoke with said call times were of a sufficient length and they supported the same people. One care worker said, "Normally we do the same runs, so we know people well. It's better for clients and it's better for us."
- Safe recruitment processes were followed and the provider had a system to match people with staff. This was called the "Right carer, right staff" initiative. This ensured people were matched with staff with the appropriate experience, clinical training and qualities and skills.

Systems and processes to safeguard people from the risk of abuse

- People and relatives generally said they felt safe. One person said, "I'm very much safe with them."
- Staff had received safeguarding training and had a good understanding about how to raise concerns. The provider had recently promoted a confidential whistle blowing "Speak Out" campaign. This encouraged staff to speak out about any concerns or poor practice.

Assessing risk, safety monitoring and management; Preventing and controlling infection

- Risks to people's health and safety were assessed and a range of risk assessments completed and regularly reviewed. Staff understood people's needs well and how to manage any risks.
- People who used the service were protected from the risk and spread of infection.
- Staff completed training in infection control. They confirmed they had access to aprons and gloves when supporting people with personal care or preparing food.

Using medicines safely

- People we spoke with were happy with the support they received with their medicines.
- Medicines systems were organised, and people were receiving their medicines when they should. The provider was following safe protocols for the receipt, storage, administration and disposal of medicines.
- The provider had developed a bespoke booklet for recording the administration of all medicines. This had been developed with the clinical team and the manager told us it reduced the risk of errors being made. They had also developed a video resource which staff could access at any time for support and guidance.

Learning lessons when things go wrong

- Systems were in place to analyse accidents and incidents and to look at ways of preventing a re-occurrence.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

At the last inspection this key question was rated as good. At this inspection this key question has now remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- Staff said the training was valuable and gave them the skills to undertake their role. One care worker said, "The training is very thorough. It opens your eyes."
- New staff received a comprehensive induction which included regular meetings and the opportunity to shadow experienced staff.
- We reviewed the training matrix for the service which showed most staff were up to date with training. The provider used a range of methods including face to face training and e-learning. We saw staff had the opportunity to complete additional training to further develop their skills.
- Spot checks were undertaken on a regular basis. This is where a senior member of staff calls at a person's home during a visit by a care worker, so they can observe them going about their duties and check they are working to the required standard.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed before being offered a service
- People's care plans described the support required for each call and reflected their personal choices and preferred routines. Staff said care plans were clear and updated if people's needs changed. One care worker said, "Care plans are really easy to follow and say everything. They say how and when people want things to be done."

Supporting people to eat and drink enough to maintain a balanced diet

- People's nutritional needs were assessed and met by the service.
- Where people needed support with meals we saw their preferences were recorded. Plans contained details about people's likes and dislikes and the level of support they required.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People and relatives said people's health needs were supported.
- People's care plans contained information about their health needs. Staff had an understanding about how and when to contact other agencies.
- Where people had complex health needs detailed care plans had been completed in conjunction with health professionals and staff had received additional specific training.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA.

- People we spoke with said they had been involved in their care.
- Staff helped people make choices in a variety of ways. Care plans set out how they should support people and how people made their views known.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- We received a range of positive feedback from people and relatives. Comments included, "They [staff] are all very friendly" and "I'd recommend them to anyone."
- Staff we spoke with demonstrated good caring values and a desire to provide people with high quality personalised care. They knew people well and their choices and preferences. One care worker said, "I love seeing clients just to see them smile and laugh, you know you have helped them. I treat them as I would treat my family."
- Care records were written in a respectful way.
- We saw the provider had received many thank you cards. Comments included, "All the carers were brilliant. They made [person] look and smell lovely but more than that you maintained [person's] dignity and made [person] laugh and smile."

Supporting people to express their views and be involved in making decisions about their care: Respecting and promoting people's privacy, dignity and independence

- Staff had formed good relationships with people. They told us they promoted peoples' independence. One care worker said, "We always encourage people to do things on their own. They might not be able to do the whole task themselves, but we always encourage them to do the things they can."
- People were involved in providing feedback through reviews. We saw evidence people's views were recorded and changes made to care plans where requested.
- People told us they were supported in a respectful and dignified manner. One person said, "They [staff] re-position me, protect my dignity and make sure I am properly covered up ."
- Through talking to people, staff and reviewing people's care records, we were satisfied care and support was delivered in a non-discriminatory way and the rights of people with a protected characteristic were respected. Protected characteristics are a set of nine characteristics that are protected by law to prevent discrimination. For example, discrimination based on age, disability, race, religion or belief and sexuality.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People and relatives said person centred care was provided.
- Care plans were reviewed regularly and there was evidence of people's involvement and updates made to reflect changes to required care and support.
- The service was responsive and flexible to people's needs. One care worker told us they had raised concerns about the suitability of one person's moving and handling equipment. A meeting was organised promptly. They said, "I was involved in the meeting and they have put in place what is needed now."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The service identified people's needs by assessing them.
- Care plans provided people with guidance about the most effective way to communicate with people with a hearing or sight impairment. Information had been provided to people in a larger type and font.

Improving care quality in response to complaints or concerns

- The provider had a system to monitor complaints, concerns and compliments. The information was used to understand how they could improve and what they were doing well
- There were two current complaints. The manager had responded promptly and arranged meetings with people and relatives to discuss the concerns.

End of life care and support

- Care plans included some details about end of life plans.
- The manager told us they were working in partnership with the clinical commissioning group to develop the service they offered to people who were at the end of their life.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- Staff were clear about their roles. They received information through induction, training and supervision about what was expected of them.
- There were a range of detailed checks in place and actions were generally taken promptly.
- Under the Care Quality Commission (Registrations) Regulations 2009 registered providers have a duty to submit a statutory notification to the Care Quality Commission (CQC) regarding a range of incidents. We identified three incidents when the previous manager had failed to notify us. The nominated individual told us systems were in place to prevent a re-occurrence.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- There was no registered manager in place at the time of the inspection. An interim manager was in place who also covered another branch of Routes. Plans were in place for their application to register with CQC.
- Staff praised the support they received from the management team and said they were confident in their leadership. One care worker said, "We can go to them any time. They are very approachable."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Staff meetings had been held but these had been infrequent over the previous year. The last meeting was in April 2019. The manager told us there were plans in place to hold monthly meetings. A meeting had been scheduled for the following week.
- The provider sent a monthly newsletter to staff and achievements were recognised through 'Star of the Month' awards.
- The provider had recently conducted a survey with people and relatives. They were in the process of meeting with people and their relatives to resolve any issues which had been raised.

Continuous learning and improving care; Working in partnership with others

- The manager and nominated individual understood their legal responsibilities and were committed to learning and improving care. They were receptive to feedback throughout the inspection and responded quickly to issues we raised. It was clear speaking to the manager and staff, there was a desire to continually

improve the service.

- There were mixed views about people's experiences when contacting the office. Some people said communication was not always timely, but most people said the manager and the office team were responsive and helpful.
- The service worked in partnership with people, relatives and health and social care professionals to provide good outcomes for people.