

Routes Healthcare (North) Limited

# Routes Healthcare Preston

## 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

About the service: Routes Healthcare Preston (Routes Healthcare) is a domiciliary care service, which provides support for both children and adults in the community, who require assistance with personal care, including complex needs and end of life care. The agency office is located in the docklands area on the outskirts of Preston city centre. It is accessible by public transport and car parking is available. At the time of our inspection there were 17 people who used the service.

People's experience of using this service: People's experiences of using the service varied. Some told us they were very happy with the service provided, whilst others felt some aspects of the service could be better, particularly in relation to the timeliness of the scheduled visits. Systems to act on allegations of abuse were in place. A wide range of risk assessments had been developed and potential risks were being managed well.

A system was in place for the reporting and recording of accidents and incidents, should it be necessary. Relatives of the people we visited took on the responsibility of the management of medicines. However, staff had received training in medication awareness and guidance for staff was available. Staff were recruited safely.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. People's needs and choices were assessed and their care and support was delivered to achieve effective outcomes. Staff engaged with people and we were told care workers were kind and caring.

New staff received an induction programme and completed shadow shifts before commencing lone working. A broad range of training had been completed by all staff, who were regularly supervised and appraised each year.

Support plans had been developed, which were detailed and person centred documents, although on isolated occasions these did not always reflect people's current needs. Detailed information was recorded in daily diaries, which demonstrated people were provided with person centred care and support plans were available in people's homes. A system was in place for the management of complaints.

Some audits had taken place and feedback was regularly obtained from those who used the service and their relatives. Regular team meetings were taking place.

Rating at last inspection: This was the first inspection of this service since registration.

Why we inspected: This was a scheduled inspection.

Follow up: The service will be re-inspected as per our inspection programme. We will continue to monitor

any information we receive about the service. We may bring the next inspection forward if we receive any concerning information.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was safe

Details are in our safe findings below.

Good ●

### Is the service effective?

The service was effective

Details are in our effective findings below.

Good ●

### Is the service caring?

The service was caring

Details are in our caring findings below.

Good ●

### Is the service responsive?

The service was responsive

Details are in our responsive findings below.

Good ●

### Is the service well-led?

The service was well-led

Details are in our well-led findings below.

Good ●

# Routes Healthcare Preston

## 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

**Inspection team:** The inspection was undertaken by one adult social care inspector.

**Service and service type:** Routes Healthcare is a domiciliary care agency. It provides personal care to both children and adults living in their own homes, including those who have complex needs and those who require end of life care. The Care Quality Commission does not regulate premises used for domiciliary care; this inspection looked at people's care and support.

The service had a manager registered with the Care Quality Commission. This means that they 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 48 hours' notice of the inspection visit, because it is a small service and we needed to be sure that someone would be available to provide the information we required.

**What we did:** Prior to our inspection we looked at all the information we held about the service. This included any concerns, investigations or feedback. We also checked the statutory notifications the service is required to send to us by law. We asked for feedback from professionals about their views of the service. We also looked at the Provider Information Return (PIR). This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We used a planning tool to collate all this evidence and information prior to visiting the service.

Most people who used the service were unable to communicate verbally with us. However, during our inspection we visited, with their agreement, two people in the community. We spoke with eight relatives and eight staff members, including the registered manager, who took overall responsibility for the service. We looked at a variety of records. These included four care files, three staff personnel records, audits, policies and procedures and records relating to the operation and oversight of the service.

# Is the service safe?

## Our findings

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

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse.

- Systems to act on allegations of abuse were in place and clear guidance for staff was available about how to deal with such incidents. Staff training had been provided in this area and staff members we spoke with were aware of actions they needed to take, should they be concerned about someone's safety. They told us, "If I thought someone was being abused I would report it immediately to the [registered] manager"; "Oh, if there were any signs that someone was being mistreated then I would tell [the manager] straight away. She is always at the end of the phone" and "Safeguarding runs through everything we do."
- Policies had been developed to show how anti-discriminatory practices were promoted and how human rights were protected.

Assessing risk, safety monitoring and management.

- Although no accidents had been reported, relevant guidance was available for staff to follow and systems were in place for the recording of accident information.
- Detailed policies and contingency plans were in place to guide staff in the event of an emergency arising.
- A wide range of health and social care risk assessments had been completed, which helped to ensure people were kept safe.
- Environmental risk assessments were in place in relation to the premises where people lived and where staff worked. This helped to ensure strategies had been implemented to ensure any risks were minimised.

Staffing and recruitment; Learning lessons when things go wrong

- Staff personnel records showed that a robust recruitment process had been adopted by the service to ensure all staff were deemed suitable to work with vulnerable people.
- Clear guidance was in place in relation to disciplinary and grievance procedures and evidence was available to show these were followed in day to day practice. Evidence was also available to demonstrate that lessons were learnt when things go wrong.
- Feedback we received about the timeliness of calls varied. Some people told us that care staff arrived consistently on time, but others said they were often late or did not arrive at all. These people told us that they were not always informed when care staff were delayed or when they were unable to attend. This was discussed with the management team, who said they would look into the concern further and monitor staff visits closely. However, we were told that care staff who did visit were very kind and always promoted people's safety.

Using medicines safely

- Clear guidance was in place for the staff team in relation to the safe administration of medicines and staff had received training in this area. People we visited in the community were supported by a relative, who had

taken on the responsibility of medicines management.

#### Preventing and controlling infection

- Policies were in place in relation to infection control practices and records showed staff had received training in this area, which was confirmed by those we spoke with.

# 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.

People's outcomes were consistently good, and most of the feedback we received confirmed this.

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

- A central team of registered nurses and a clinical lead were appointed, who were responsible for assessing people's needs and for providing clinical training for staff, as well as checking staff competencies.
- People's needs had been assessed prior to a package of care and support being arranged.

Staff support: induction, training, skills and experience

- Individual learning and development records were on staff files and Induction programmes had been completed. All staff had undertaken 'excellence in care' training before providing support for people in the community. Staff training was completed through a computerised system.
- Staff we spoke with demonstrated their understanding of people's needs. Records showed that all staff had undertaken a broad range of mandatory training, which helped to ensure the staff team were able to deliver the care and support people needed. One member of staff told us, "There is loads of training. Nurses give us some training too. We do training at the office or on line."
- Staff competency assessments and spot checks had been conducted and staff had received regular supervision sessions and annual appraisals.

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

- Due to the nature of this service people who used it were mainly supported by their relative in relation to the provision of meals. However, staff had completed food hygiene awareness training, should they need to prepare food.

Staff working with other agencies to provide consistent, effective, timely care;

Supporting people to live healthier lives, access healthcare services and support

- The agency consulted other professionals, when necessary to discuss the needs of people in their care. This helped to ensure people's health and social care needs were being appropriately met.

Adapting service, design, decoration to meet people's needs

- This is not applicable to this service, as people live in their own homes.

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

- 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 so that they can receive care and treatment with

appropriate legal authority when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in domiciliary care and supported living services is usually through MCA application procedures made to the court of protection.

- We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met. People who used the service were not being deprived of their liberty. Therefore, applications to the court of protection were not required. However, staff had received training in relation to the MCA and relevant documentation was available should mental capacity assessments be needed.

# 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

People were supported and treated with dignity and respect; and involved as partners in their care. □

Ensuring people are well treated and supported; equality and diversity

- Some relatives told us that the accurate timing of calls was not always consistent. However, the staff who did visit treated people with kindness and respect. Most said they received a good standard of support. Relatives were, in general very complimentary about the approach of staff towards their loved ones. Staff members we spoke with were fully aware of the importance of respecting those who used the service.
- Policies had been developed in relation to equality and diversity.

Supporting people to express their views and be involved in making decisions about their care

It is recommended that care records demonstrate people have been involved in the planning of their own care or that of their loved one.

- People we spoke with told us they were able to make decisions about how they were supported. However, this was not always evident in the care records we saw.

Respecting and promoting people's privacy, dignity and independence

- People we spoke with told us their privacy and dignity was always respected by the staff who visited them and independence was consistently promoted, in a kind and caring manner.
- Care records were retained in people's homes. This enabled people to access information about their own care and support, as they needed it. However, other documentation was stored securely in the agency office, so that confidentiality was maintained in line with the General Data Protection Regulation (GDPR). GDPR is a legal framework that sets guidelines for the collection and processing of personal information of individuals. Staff had received training in this area.
- Staff members we spoke with were fully aware of the importance of respecting people's privacy and dignity and promoting independence. This was reflected within the care records and those we spoke with confirmed this information to be accurate.
- One relative told us, "The carer's [staff] who visit respect our culture without question. They were proactive in getting [name] to mobilise from being bed-bound, which was fantastic. This was the carer's initiative. They have learned to understand [name], as there are significant communication difficulties. It was a godsend when it was agreed that Routes [Health care] could increase the number of visits each day."

# Is the service responsive?

## Our findings

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

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- It is recommended that the registered manager reviews the support plans to ensure all assessed needs are recorded.
- Plans of care were available at the homes we visited in the community. The daily diaries, written by care staff at each visit were detailed and outlined how people had been supported to meet their assessed needs.
- Support plans were well written, person centred documents and regular reviews had taken place. However, some did not consistently reflect people's current needs, although these were isolated occasions.
- Plans of care were available at the homes we visited in the community. The daily diaries, written by care staff at each visit were detailed and outlined how people had been supported to meet their assessed needs.
- It was clear from speaking with staff members that they were fully aware of people's needs and how these were to be best met.
- Relatives told us that care and support was provided by kind and caring staff.

Improving care quality in response to complaints or concerns

- A system for managing complaints was in place. The complaints procedure was included in the service users' guide, which was incorporated into the documentation left at people's houses. People we spoke with were fully aware of how to make a complaint, should they need to do so. Staff we spoke with were confident in passing any complaints to the registered manager, should the need arise. One relative told us, "We made a complaint to the office. The manager apologised and dealt with our complaint."

End of life care and support

- Routes Healthcare delivers personal care for both children and adults who have complex needs with life limiting conditions, or who are at the end of their lives. The majority of people we spoke with were, in general satisfied with the care and support they received.
- Staff we spoke with told us they had completed end of life training and excellence in care learning modules. This information was supported by the records we saw. Staff confirmed this training helped them to provide compassionate care and support to those who used the service and their families. Evidence was seen of support provided for families following the death of their loved one.

# 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

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- The majority of people we spoke with told us they received person centred care from a well-trained staff team. Some relatives said they were very happy with the support they received from their care staff, although the timing of visits was sometimes unreliable. This was discussed with the management team, who assured us they would look into this matter further.
- Staff had access to a wide range of policies and procedures, which provided them with information about current legislation and good practice guidance. The registered manager was aware of her responsibilities in relation to their duty of candour.

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

- The registered manager had been in post since the service was opened. She had introduced a good range of documentation, policies and procedures. She demonstrated her understanding for the current needs of the service and the monitoring of quality performance. Staff we spoke with understood their roles, in relation to the need for delivering a good standard of care and support.
- Feedback from staff we spoke with about managerial support varied. One staff member told us, "The staff are well supported and they get co-operation from the office." However, another commented, "Communication could be better. When I leave a message with the office, someone does not always get back to me." Records showed that regular staff meetings were held, to enable those who worked for the agency to discuss topics with the management team.
- Computerised documents had been developed, such as staff training programmes and policies and procedures.

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

- Staff told us and records we looked at confirmed a variety of meetings had taken place. This enabled the management team to disseminate any relevant information and allowed staff members to discuss various issues in an open forum, should they wish to do so.
- Feedback was sought from those who used the service and their relatives by the use of surveys. The responses were considered and acted upon accordingly. However, people's views were mixed. Some were very satisfied with the service and others were not.

Continuous learning and improving care

- Audits had been conducted to monitor various aspects of the service. Systems were in place for assessing and monitoring the quality of service provided and this allowed for action plans to be developed, should the need arise. Records were being well maintained.
- Records we saw showed an effective service had been developed. However, the views of some relatives and staff varied in relation to the service provided in the community and the managerial support of some staff members.

#### Working in partnership with others

- We saw evidence that the service worked in partnership with relevant professionals in both the health and social care sector. This helped to ensure people's assessed needs were being appropriately met.