

Routes Healthcare (North) Limited

Routes Healthcare

Manchester

### Inspection report

Salford Innovation Centre  
Unit 26, Frederick Road  
Salford  
Manchester  
M6 6FP

Date of inspection visit:  
07 September 2017

Date of publication:  
13 September 2018

Tel: 01613593342

Website: [www.routeshealthcare.com](http://www.routeshealthcare.com)

### 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 announced inspection was undertaken on Thursday 7 September 2017. The inspection was announced to ensure it could be facilitated on that day by the registered manager. This was the first comprehensive inspection we had undertaken at this service since they registered with us in January 2016.

Routes Healthcare Manchester is a domiciliary care agency based in Salford. The agency provides personal care to people in their own homes. The service covers a wide range of dependency needs including adults and younger adults, children, people with a learning disability, nursing care, people with mental health problems, The service also provides an end of life care service for people who prefer to stay at home whilst receiving care and support.

At the time of the inspection the manager of the service was not yet registered with CQC, however an application had been submitted and was being processed. 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.

The people we spoke with told us they felt safe. The staff we spoke with had a good understanding about safeguarding and whistleblowing procedures and told us they wouldn't hesitate to report concerns about people's safety.

We looked at how medication was handled. We found Medication Administration Records (MARs) were signed by staff when medication had been administered. People who used the service also told us they received their medication as part of their care package and told us they always received it on time. MARs were also checked by management when they were returned to the office to ensure there were no discrepancies.

We found there were sufficient staff to care for people safely. Staff spoken with didn't raise any concerns about staffing numbers within the service and said their rotas were well managed.

Staff were recruited safely, with appropriate checks undertaken before they began working with people who used the service. This included ensuring Disclosure Barring Service/Criminal Records Bureau (DBS/CRB) checks were undertaken and references from previous employers sought.

The staff we spoke with told us they had access to sufficient training and supervision as part of their on-going development. Staff said they felt supervision was an important part of their job role where they could discuss different aspects of their work. Staff also had access to training in more complex areas relating to people's care such as tracheostomy, catheter care and gastrostomy. Competency checks were also carried out to ensure staff had the correct skills before delivering this level of care.

Staff provided support to people to eat and drink as necessary. This included assistance with food preparation and ensuring people were left with something to drink when their call had finished. Where staff needed to provide direct support at meal times, the people we spoke with said this was done well.

The people we spoke with and their relatives told us they were happy with the care provided by the service.

Each person who used the service had a care plan in place and we saw a copy was kept in the person's home and at the office. The care plans provided an overview of each person's care needs and were updated when things changed. The people we spoke with also said an initial assessment was undertaken, when they first started using the service. This enabled the service to understand the level of care people needed.

The service distributed satisfaction questionnaires to people, asking for their comments about the service. This enabled the service to continually improve its practice with the aid of people's experiences of using the service.

There was a complaint's procedure in place, this procedure enabled people to state if they were unhappy with the service. The people we spoke with were aware of how to make a complaint. The service also collated positive compliments that had been made based on people's experiences.

People who used the service and staff told us they felt the service was well managed. Staff told us they felt well supported and would feel comfortable raising and discussing concerns.

We saw there were systems in place to monitor the quality of service provided. This was done in the form of audits, spot checks and observations of staff undertaking their work. Staff also had access to policies and procedures if they needed to seek guidance in a particular area.

## 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.

The people we spoke with and their relatives told us they felt safe as a result of the care they received.

Staff were recruited safely and appropriate checks were undertaken.

The service had carried out risk assessments in people's houses to help keep people safe.

### Is the service effective?

Good 

The service was effective.

We found staff had received training in core topics and staff told us they felt supported to undertake their work. Training in more complex areas was also provided to staff

Staff told us they received supervision and appraisal as part of their on-going development.

### Is the service caring?

Good 

The service was caring.

People's comments were positive about the care provided.

Staff treated people with dignity and respect when delivering care.

People said they were offered choice by a staff team, who promoted their independence where possible.

### Is the service responsive?

Good 

The service was responsive.

We saw initial assessments were completed when people first started using the service, with appropriate care plans implemented thereafter.

There was a complaints procedure in place, allowing people to state if they were unhappy with the service.

The service had sent satisfaction surveys, seeking people's views about the service.

### **Is the service well-led?**

The service was well-led.

The service conducted spot checks and observations of staff undertaking their work.

People who used the service and staff told us they felt the service was well-led.

We saw team meetings and management meetings were undertaken to discuss work and concerns.

**Good** ●

# Routes Healthcare Manchester

## **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 was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, and to provide a rating for the service under the Care Act 2014.

This announced inspection was carried out on Thursday 7 September 2017. The inspection was announced to ensure our inspection could be facilitated on that day by the registered manager. The inspection team consisted of an adult social care inspector from the Care Quality Commission (CQC) and an expert by experience who spoke with people who used the service and their relatives via telephone. An expert by experience is someone who has personal experience of caring for people, similar to this type of service.

Before the inspection we reviewed any information we held about the service in the form of notifications received from the service. We also reviewed any safeguarding or whistleblowing information we had received, previous inspection reports and any complaints about the service. This helped us determine if there might be any specific areas to focus on during the inspection.

At the time of the inspection the service provided care and support to approximately 60 people in the Manchester area. As part of the inspection we spoke with the registered manager, the nominated individual, six people who used the service, seven relatives and four care staff. This was to seek feedback about the service provided from a range of different people and help inform our inspection judgements.

During the inspection we viewed four care plans, six staff personnel files and seven MAR. We also reviewed other documentation relating to the running of the service, such as satisfaction surveys, complaints, spot checks/observations, policies and procedures and quality assurance audits.

## Is the service safe?

### Our findings

People we spoke with told us they felt safe as a result of the care they received. One person said, "I feel very safe with my carers. They have keys to let themselves in and they always call out to let me know they've arrived." A relative also added, "He feels very safe with them and I've had a long chat with both of his carers just for my peace of mind."

We found systems in place to safeguard people from abuse. Whistleblowing procedures were also in place to report any bad practice identified. This included having a policy and procedure, informing staff how to report concerns. The registered manager maintained a log of all safeguarding concerns and these provided details about the incident and that they had been appropriately referred through to the local authority for review. A policy and procedure was in place, giving staff access to information about how to report concerns. Staff we spoke with told us they had received safeguarding training and knew about the signs and symptoms of potential abuse. One member of staff said, "I would contact the office if I had any concerns. Some of the indicators of abuse could include people not receiving food and drink or being scared of staff for no reason. We have received training and there is a policy and procedure available." Another member of staff added, "Types of abuse can include financial, physical and emotional abuse. If a person's money was going missing could be an indication of financial abuse."

The service had a robust recruitment system in place. Appropriate checks were carried out before staff began working at the service to ensure they were suitable to work with vulnerable adults. During the inspection we looked at six staff personnel files. Each file we looked at contained application forms, Criminal Records Bureau/Disclosure Barring Service (CRB/DBS) checks, interview questions/responses and contracts of employment. There was also evidence of references being sought from previous employers. These had been obtained before staff started working for the service and evidenced to us staff had been recruited safely.

We found there were sufficient numbers of staff to care for people safely, with staff rotas in use which we reviewed during the inspection. The service used a call monitoring system which enabled staff at the office to check staff were completing calls as required and in the event of a missed or late visit occurring, could then respond accordingly. Rotas were also used, informing staff where they needed to be and we reviewed a sample of these during the inspection. This registered manager told us these were monitored throughout the day.

We asked people who used the service and their relatives about staffing levels. One person said, "They absolutely arrive on time and the handover is done very well. They always wait until the next person arrives. I can relax knowing everything's running smoothly." Another person said, "I have one call in a morning and they always arrive within an hour. They let themselves in and call out that they've arrived." A third person said, "In a morning, they always arrive between 9.30 and 10am and they come at night as well and although they're never late we sometimes turn them away because we've done everything already." A fourth person added, "They come four times a day and sometimes they are a bit early or a bit late. It's due to traffic because they have a good way to come." A fifth person commented, "They come twice a day and they

always arrive on time."

Staff spoken with didn't raise any concerns about staffing numbers within the service and felt their rotas were well managed and that enough staff were employed. One member of staff told us, "The rotas are generally well managed and travel time is always factored in. If ever our calls can't be covered, somebody always steps in including office staff." Another member of staff said, "I feel there are enough staff to meet people's care needs and get round everybody. We all pull together to make sure everything is covered." A third member of staff said, "Definitely enough staff. I don't feel there is a shortage and we always get our breaks."

We looked at how the service managed risk. Where any risks were identified, there were control measures for staff to follow within care plans for areas such as maintaining a safe environment, nutrition, mobility and skin integrity. Environmental risk assessments were undertaken and covered both internal and external parts of the home and fire hazards. In addition, there were assessments of people's moving and handling requirements which provided guidance for staff around how to undertake and transfers safely. A record of all accidents and incidents was maintained, with details recorded about actions taken by staff to try and prevent future re-occurrence.

We looked at how medication was handled. The registered manager told us medication was usually delivered to people's houses by the local pharmacist or collected by either staff, people using the service or their family. Allergies were recorded along with contact information for the relevant pharmacy and GP. During the inspection we looked at seven medication administration records (MARs) which were signed by staff when medication had been administered, with no omissions noted. Where any historic missing signatures had occurred, these had been highlighted during medication audits with appropriate actions taken such as additional training or supervision for member of staff concerned. The training matrix identified that staff had received training in the administration of medication, with an appropriate policy and procedure also in place which was reviewed in 2017.

We asked people who used the service and their relatives if they felt medication was administered safely. One person said, "The Carers deal with all my medication because I took a massive overdose and was in hospital for six months. It's kept in a safe that they access and they keep all their notes in my folder." Another person said, "They come to give me my medication along with doing other things and I always get it when I should." A relative added, "They always give him his medication and complete the sheets."



## Is the service effective?

### Our findings

The people we spoke with and their relatives told us staff were good at their jobs and felt they provided effective care. One relative said, "She's very happy with them. They take her out as part of a health and well-being package and take her to hydrotherapy, physiotherapy and a light/sensory room. They have set exercises to do with her and there are no problems at all." Another relative said, "We have nothing but praise for Routes, his health and well-being is testament to them. He's a completely different person now than when he came out of hospital. They have nursed him back to health. They fully support him with all his feeds, and are gradually reintroducing him into his wheelchair, and the day-to-day running of the house is really good. Everything is kept clean and really well-kept." A person who used the service added, "They come twice a day for half an hour each time. At first, they did my shopping and housework for me as well. I get anxious about things and they're very good at calming me down."

There was an induction programme in place, which staff were expected to complete when they first began working for the service. An induction is intended to provide staff with the skills and knowledge to undertake their role effectively and covered areas such as on call arrangements, spot checks/observations, supervision/appraisal, uniforms, care plans, infection control, medication and completion of paperwork. The care certificate was also in use and would be rolled out to staff who had not previously worked in a care setting. The staff we spoke with said they completed the induction when they first started working for the service. One member of staff said, "I was introduced to all the staff and completed the relevant mandatory training. The induction was brilliant and definitely gave me a good introduction to working for the company."

The staff we spoke with told us they received sufficient training and support in order to undertake their work to a high standard. We reviewed the training matrix and saw staff had received training in areas such as equality and diversity, fire procedures, food hygiene, health and safety, infection control, medication, moving and handling and safeguarding. For staff that provided care to people with complex care needs, additional training in these areas was also provided. This included training in gastrostomy, suction equipment, tracheostomy, catheter care and percutaneous endoscopic gastrostomy (PEG). Nurses within the service were 'Train the trainers' meaning they delivered sessions to other care staff and then undertook competency assessments to check staff had the correct skills and knowledge in these areas. One member of staff said, "I've done moving and handling, medication and first aid recently. If you are ever unsure about things then managers are more than willing to show you things. They will spend time going over things if you are not comfortable." Another member of staff added, "I encountered some difficulties with one care package which was challenging and physical intervention training was immediately provided to make sure I was safe. More training is available if you ever need it."

Staff received supervision appraisal as part of their on-going development. Staff supervision and appraisal enables managers to speak with staff about their work in a confidential setting and discuss how things are progressing to date. We looked at a sample of these records and saw these provided a focus on completion of mandatory training, things that have gone well, areas for improvement, support arrangements and any feedback from the supervisor. Annual appraisals were also undertaken and covered key achievements,

skills/strengths, areas for improvement, areas for development and future objectives. One member of staff said, "I would say we receive about three to four supervisions a year but there is always the opportunity to speak separately if any issues arise. " Another member of staff added, "I had my appraisal not that long ago and supervision is always consistent throughout the year."

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. The registered manager said there was nobody using the service that was currently subject to a deprivation of liberty safeguards (DoLS) with all of the people receiving services living at their own home address and were not being restricted or deprived in any way. The staff we spoke with said they would work towards people's best interests as necessary and would report any concerns about a person's capacity to the manager. People who used the service had consent forms in their care plans which were signed by either themselves or a member of their family. These were signed stating they agreed with the services being provided.

We looked at how people were supported to maintain good nutrition and hydration. Each person had a nutrition care plan in place which provided an overview of their care requirements and the support staff needed to provide. The people we spoke with told them staff provided good support in this area and either assisted them to prepare a meal or left them something to eat and drink for later in the day. For more complex care interventions such as PEG feeding there was additional guidance for staff to follow within care plan. For example where people were 'Nil by mouth' and received nutrition and hydration through their PEG site, information was available about how many water flushes were required each day and the position the person needed to be sat in to help keep them safe. A person who used the service said, "They make some meals for me and it's always what I want and the meals are quite good."

The staff we spoke with were clear about how to ensure people received good support with regards to eating and drinking. One member of staff said, "If we are just doing a pop in call then we either prompt or remind people to have something to eat and drink or prepare something for them. We receive training in PEG feeding from the trained nurses and they come out and do a competency assessment as well." Another member of staff said, "I make meals and drinks for people if need be and some people have ensure drinks if they need additional calories. I always give people jugs of water and even if they don't want one I will leave it out."

We saw a range of different healthcare professionals were involved in people's care and we saw meeting minutes from multi-agency meetings had taken place to discuss people's progress. These professionals included social workers, district nurses, advocates, physiotherapists and dieticians.

## Is the service caring?

### Our findings

Routes Healthcare Manchester is a domiciliary care agency, which means service user's care is delivered in people's own homes. During the inspection we were unable to observe the care being delivered and therefore have made our judgement based on the information provided by the people we spoke with and their experience of the care received.

We asked people who used the service and their relatives for their views and opinion of the care provided. One person said, "The Carers are alright. Some are better than others, some are really friendly and chatty with me but they're all very respectful when they're showering me." Another person said, "The girls are polite and very kind. They come to wash me and help me to get dressed and they're very respectful towards me." A third person said, "The Carers are very good, very friendly and chatty. They come to help me have a wash or sometimes a shower because I can't do the bottom of my legs or my back. They're there for my safety and they treat me very respectfully and always wear gloves and aprons." A fourth person added, "The Carers are nice and kind. They just come once a day every day to help me get washed. They're very respectful and always put me at ease." A relative also told us, "They come to give him a shower and he feels quite safe with them. I live next door so I'm not here when they shower him but that's his choice. He says they are very respectful and good at putting him at ease." Another relative added, "They wash her in the morning and they're always very respectful, kind and friendly."

People who used the service and relatives said they felt treated with dignity and respect by staff when care was being delivered. Staff also understood how to ensure people were always well treated and described how they covered people up and closed doors when delivering personal care. One person said, "The Carers are very polite and friendly." Another person said, "We've no complaints about the carers at all, they're very polite and respectful." A relative added, "They are very respectful towards him. He loves the attention and they've got a good rapport with him."

The people we spoke with said their independence was promoted by staff. The staff we spoke with also had an understanding of how to promote people's independence when delivering care to people. One member of staff said, "If people are able to do something I let them. I would never take something like that from a person as it important that they continue to do things for themselves. If a person can wash themselves in the shower then I will let them." Another member of staff said, "If we don't allow people to still do bits and pieces for themselves then they may lose that ability. Even if is just attending to their own personal care then that is important."

Private and confidential records relating to people's care and support were securely maintained in lockable offices. People we spoke with told us they had a copy of their care plan given to them which they kept in their home. Staff were able to demonstrate that they were aware of the need to protect people's private and personal information. This helped ensure that people's personal information was treated confidentially and respected.

A service user guide was given to people who used the service. This included the service's statement of

purpose, explanation of care delivery, financial information and complaints procedure.

## Is the service responsive?

### Our findings

People who used the service and their relatives told us the service was responsive to their needs. One relative said, "We've nothing but praise for Routes. We did have an issue 12 months ago where a carer left him on his own, the door left open and everything, it was actually the district nurse that found him. Apologies were made, they dealt with the issue effectively and we were assured that the carer would never come again or work in care again. We don't blame Routes at all, it was just that particular individual and they responded great."

We saw that before people's care package commenced, the service carried out an assessment of people's needs. This was usually done when receiving a referral from the local authority, which would then be followed up by the service conducting an assessment in people's own homes. The initial assessment would allow staff to establish people's care needs and how staff needed to care for them. One relative said, "(Staff Name) came out to do his initial assessment and she made sure that he had all the necessary information and the relevant contact numbers." A person who used the service also added, "I did have an initial assessment and my family were involved with that as well."

People had individual care plans in place which were compiled once initial assessments were undertaken. These were kept in the office and also at people's houses. During the inspection we looked at four care plans which provided full details of how many visits people needed each day, the duration of each call, how many staff were required and what staff needed to do and the outcomes that were to be achieved. Care plans in place included maintaining a safe environment, communication, breathing, hygiene, nutrition/fluids, continence, mobility, skin integrity, medication, emotional needs, mental health and sleeping. This would ensure all staff had access to information about people's care and the interventions they needed to make.

The people we spoke with and their relatives told us the service involved them in their on-going care and reviews. Where reviews had taken place, relevant documents were held within people's care plans. The review covered an overview of each assessed care need, if any changes were required and if any relevant recommendations to be made. This meant people who used the service and their relatives could contribute towards the care they received.

We looked at the most recent satisfaction surveys sent to people who used the service periodically throughout the year. The questionnaire asked people for their views and opinions about the staff, if staff stayed for the allocated time, if equipment was being used properly, staff approach, medication, communication, completion of documentation, if people knew how to complain and if they would recommend the service to other people. An additional section could then be completed where people could feedback about things done well and further suggestions for improvements. Any actions to be taken by the service were also recorded. This system enabled the service to respond accordingly based on feedback received about the service.

There was a complaints policy and procedure in place. This clearly explained the process people could follow if they were unhappy with aspects of their care and set out how complaints were recorded,

investigated and responded to. The people we spoke were aware of the complaints process and how they would report concerns. We looked at any complaints the service had received and saw they had been responded to appropriately, with details from the investigation, the outcome, changes made and any lessons to be learned. The manager had also sent a written response to each complaint made. The complaints process ensured people who used the service and their relatives had a system in place to state if they were unhappy with any aspect of the care they received.

The service also collated compliments made by people who used the service, expressing their satisfaction with the service they received. These had been either over the telephone or via people who used the service and the relatives during care calls. We looked at a sample of these, with comments including, 'To all the staff who have supported 'X' this year, we can't thank you enough for all the care and support you have given.' and 'Thank you all so much for the care and compassion given to 'X', god bless.' and 'Thank you for being so nice and kind to 'X' and 'Just a little thank you to all the carers who have supported 'X'. What a lovely, friendly and professional team. Without the support, I would not have been able to get better myself and look after 'X'.

## Is the service well-led?

### Our findings

At the time of the inspection the manager of the service was not yet registered with CQC, however an application had been submitted and was being processed. 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.

The staff we spoke with told they enjoyed their work and that Routes Healthcare were good to work for. Staff said they felt there was generally a positive culture and worked well with other members of the team. One member of staff said, "I have worked here for two years and it is brilliant, absolutely brilliant. They are very flexible and brilliant with communication." Another member of staff said, "I was only supposed to be here a couple of months initially but I am still here after six years. I don't want to go anywhere else."

People who used the service and their relatives spoke positively about the management within the service and also the staff team. One person said, "It's a fantastic service and team. I know the management quite well now and I have their on-call number if I need it for out-of-hours." Another person added, "It's going very well, they've serviced me very well indeed. (Staff Name) comes in regularly to check on how things are going."

The staff we spoke with felt the service was well-led and managed. One member of staff said, "Management is brilliant. I feel supported and valued in my role. They are always good at telling us what we have done well or need to improve." Another member of staff added, "I love the management team. The owner of Routes is very involved and they came to me once following an incident to make sure I was safe." A third member of staff commented, "They are great and really good here. We can always discuss any issues and problems."

We found there were systems in place to monitor the quality of service within the service. These included audits and checks of MAR charts, infection control, medication, risk assessments, nutrition/hydration, care plans, complaints, staff supervision and spot checks/observations. An action was completed on the back of any findings, detailing how any issues found would be addressed. There were also spot checks and observations of staff undertaking their work. We looked at a sample of these records and saw these provided a focus on: if staff arrived on time; were dressed correctly; infection control; if the care plan was being correctly followed; medication; communication and if the premises were left secure. This provided the opportunity for managers to see how staff worked and offer suggestions as to how things could be improved in order to improve the quality of service.

The staff told us that team meetings took place regularly and allow for information to be cascaded and for staff to discuss their work and concerns. We noted some of the agenda items discussed included staff handovers, pressure sores, cancellation of calls, documentation, staff availability, care plans, supervisions, confidentiality and use of mobile phones. One member of staff said, "Team meetings do take place and there are separate sessions as well if we need to discuss certain things."

There were various policies and procedures in place at the service, which had been reviewed during 2017. These covered equality and diversity, complaints, health and safety, medication, confidentiality, whistleblowing and safeguarding. Staff told us these were covered during induction and were available to look at if they needed to seek advice.

The registered manager submitted notifications to CQC as required where there had been allegations of abuse or other notifiable incidents. This was in line with legal requirements and demonstrated a transparency about incidents which had occurred within the service.