

Routes Healthcare (North) Limited

# Routes Healthcare DCA

## 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

This inspection visit took place on 09 February 2016 and was announced.

At the last inspection on 06 May 2014 the service was meeting the requirements of the regulations that were inspected at that time.

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 Routes Healthcare DCA provided services to 15 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.

We found recruitment procedures were safe with appropriate checks undertaken before new staff members commenced their employment. Staff spoken with told us their recruitment had been thorough and professional.

Staff received regular training and were knowledgeable about their roles and responsibilities. They had the skills, knowledge and experience required to support people with their care and social needs. On the day of our inspection visit we observed five new staff members at the services office base undertaking their induction training. We also spoke with two permanent staff members who were completing refresher training on medication awareness and moving and handling techniques. This ensured staff regularly had their knowledge and skills updated.

People supported by the service told us the staff who visited them were polite, reliable and professional in their approach to their work. One person said, "I have had some very unpleasant experiences with other care agencies. Routes have been a god send to me and my [relative]. I cannot praise them high enough."

The registered manager 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 any unsafe care or abusive practices.

The registered manager understood the requirements of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). This meant they were working within the law to support people who may lack capacity to make their own decisions.

Staff knew the people they were supporting and provided a personalised service. Care plans were in place detailing how people wished to be supported. People were involved in making decisions about their care.

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 being provided.

Staff managed medicines safely. They gave them as prescribed, stored and disposed of them correctly. People were able to manage their own medicines if they were able to do so safely. People said staff gave them their medicines when they needed them.

People told us they were usually supported by the same group staff. This ensured people were visited by staff who understood their support needs and how they wanted this to be delivered.

The service had a complaints procedure which was made available to people they supported. People we spoke with told us they knew how to make a complaint if they had any concerns.

The registered manager used a variety of methods to assess and monitor the quality of the service. These included satisfaction surveys, spot check and care reviews. We found people were satisfied with the service they received.

## 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 provider had procedures in place to protect people from abuse and unsafe care. People we spoke with said they felt safe.

Assessments were undertaken of risks to people who used the service and staff. Written plans were in place to manage these risks. There were processes for recording accidents and incidents. We saw that appropriate action was taken in response to incidents to maintain the safety of people who used the service.

Staffing levels were sufficient with an appropriate skill mix to meet the needs of people using the service.

### Is the service effective?

Good ●

The service was effective.

People were supported by staff who were sufficiently trained, skilled and experienced to support them to have a good quality of life. They were aware of the requirements of the Mental Capacity Act 2005.

People were supported to eat and drink according to their plan of care.

Staff supported people to attend healthcare appointments and liaised with other healthcare professionals as required if they had concerns about a person's health.

### Is the service caring?

Good ●

The service was caring.

People who used the service told us they were treated with kindness and compassion in their day to day care.

People were involved in making decisions about their care and the support they received.

## Is the service responsive?

Good 

The service was responsive.

Care plans were in place outlining people's care and support needs. Staff were knowledgeable about people's support needs, their interests and preferences in order to provide a personalised service.

People were supported to maintain and develop relationships with people who mattered to them.

People knew their comments and complaints would be listened to and responded to.

## Is the service well-led?

Good 

The service was well led.

Systems and procedures were in place to monitor and assess the quality of service people were receiving. The registered manager consulted with stakeholders, people they supported and relatives for their input on how the service could continually improve.

A range of audits were in place to monitor the health, safety and welfare of people. Quality assurance was checked upon and action was taken to make improvements, where applicable.

# Routes Healthcare DCA

## **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 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.

This inspection visit took place on 09 February 2016 and was announced. The provider was given 24 hours' notice because the location provides a domiciliary care service to people living 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.

Before our inspection on 09 February 2016 we reviewed the information we held on the service. This included notifications we had received from the provider, about incidents that affect the health, safety and welfare of people the service supported. We also checked to see if any information concerning the care and welfare of people being supported had been received.

During our inspection we went to the Routes Healthcare DCA office and spoke with a range of people about the service. They included the registered manager, operations manager, training manager, care quality assessor, human resources manager and three staff members. We also spoke three people who used the service and the relatives of two people.

We looked at the care records of three people, training and recruitment records of three staff members and records relating to the management of the service. We also spoke with the Clinical Commissioning Group (CCG). This helped us to gain a balanced overview of what people experienced accessing the service.

# Is the service safe?

## Our findings

People we spoke with us told they felt comfortable and safe when supported with their care. One person said, "I rely on the service to provide my personal care and I am dependent on them. I trust them completely and feel safe in their hands." The relative of one person we spoke with said, "My [relative] means the world to me. I know [relative] is in the safe hands of caring and patient staff."

We found the service had procedures in place to minimise the potential risk of abuse or unsafe care. Records seen confirmed staff had received safeguarding vulnerable adults training. The staff members we spoke with understood what types of abuse and examples of poor care people might experience. The service had a whistleblowing procedure. Staff spoken with told us they were aware of the procedure. They said they wouldn't hesitate to use this if they had any concerns about their colleagues care practice or conduct. When we undertook this inspection visit there had been no safeguarding concerns raised about staff working for the service.

We spoke with the relative of one person supported by the service. They told us their relative presented behaviour that challenged staff when providing care and support. We were told the service had identified the person responded to staff close to their own age group. The relative said, "The staff are brilliant dealing with difficult and challenging behaviour. They are very professional and I have nothing but praise for them."

We looked at how the service was being staffed. We did this to make sure there was enough staff on duty at all times to support people in their care. We looked at the services duty rota, spoke with staff and people being supported with their care. We found staffing levels were suitable with an appropriate skill mix to meet the needs of people who used the service. Staffing levels were determined by the number of people being supported and their individual needs. Staff members spoken with said they were allocated sufficient time to be able to provide the support people required. One staff member said, "The scheduling of my visits are well managed and I am given enough time to get from one client to next. If I ever get held up which does happen, I phone the office and they let my next client know."

People we spoke with during our inspection told us Routes Healthcare DCA provided a reliable service and they had never experienced missed visits. One person said, "I am happy with the service. I get the same group of carers and they generally arrive on time." Another person said, "There have been a couple of occasions when they have been running late. I received a call from the agency and was informed what was going on. These things happen."

We looked at the recruitment procedures the service had in place. We found relevant checks had been made before three new staff members commenced their employment. These included Disclosure and Barring Service checks (DBS), and references. These checks were required to identify if people had a criminal record and were safe to work with vulnerable people. The application form completed by the new employee's had a full employment history including reasons for leaving previous employment. We saw gaps in employment had been explored at interview and a written explanation provided. Two references had been requested from previous employers and details of any convictions recorded. These checks were required to ensure

new staff were suitable for the role for which they had been employed.

Staff spoken with confirmed their recruitment had been thorough. They told us they had not commenced supporting people until all their safety checks had been completed. One staff member said, "I came into the office and completed my induction training whilst waiting for my references and DBS to be received. When my checks were completed I had been trained and assessed that I was safe to support people."

We looked at the procedures the service had in place for assisting people with their medicines. The registered manager told us staff prompted people to take their medicines and were also involved in administering their medication. Records we checked were complete and staff had recorded the support they had provided people to take their medicines.

All staff employed by the service received medication training during their induction. Discussion with three staff members confirmed they had been trained and assessed as competent to support people to take their medicines. We spoke with four people about the management of their medicines. They told us they were happy with the medication arrangements and received their medicines when they needed them.

## 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 received a good level of care and support. One person supported by the service said, "I have the same group of carers which is important to me. I don't want strangers turning up who know nothing about me. I am receiving the support I want in the way I want it delivered by people I know, like and have respect for. They do a good job in my opinion. "

We spoke with two staff members attending refresher training, looked at individual training records and spoke with the services training manager. The staff told us the training they received was provided at a good level. One staff member said, "When I joined the agency I received induction training at the office whilst waiting for my checks to be completed. The training was delivered at a professional level. I felt well trained and confident when I began supporting people alone." Another staff member said, "I am here today to undertake refresher training for moving and handling and medication administration which is updated annually." The records we saw confirmed the agency had mandatory training which all staff had to attend and have updated when required.

We spoke with the training manager who confirmed staff training covered a range subjects. They included safeguarding, moving and handling, the Mental Capacity Act (MCA) 2005, first aid and food hygiene. Discussion with staff members and reviewing training records confirmed staff were provided with opportunities to access training to develop their skills. We saw staff had been provided with professional development and specialised training to enable them to support people with complex needs. The staff we spoke with said this helped them to provide a better service for people they supported. Most had achieved or were working towards national care qualifications.

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 demonstrated an understanding of the legislation as laid down by the Mental Capacity Act (MCA) 2005. Discussion with the registered manager informed us she was aware of the process to assess capacity and the fact that it is decision specific. Staff spoken with demonstrated a good awareness of the code of practice and confirmed they had received training in these areas. They told us they understood procedures needed to be followed if people's liberty was to be restricted for their safety.

Records seen and staff spoken with confirmed staff received regular supervision and annual appraisals. These are one to one meetings held on a formal basis with their line manager. Staff told us they could discuss their development, training needs and their thoughts on improving the service. They told us they were also given feedback about their performance. They said they felt supported by the management team

who encouraged them to discuss their training needs and be open about anything that may be causing them concern.

Staff spoken with told us meetings were held, so the staff team could get together and discuss any areas of interest in an open forum. This also allowed for any relevant information to be disseminated to staff members. Records seen confirmed meetings had taken place. We saw during a recent meeting the importance of good time keeping and staff training opportunities had been discussed.

Care plans seen confirmed people's dietary needs had been assessed and any support they required with their meals documented. Food preparation at mealtimes was completed by staff members with the assistance of people they support where appropriate. Staff told us people decided each day the meals they wanted. One person we spoke with said, "The staff prepare my meals and assist me with eating. I dependent on them and so grateful for their support. They always prepare for me what I ask."

We saw staff had documented the meals provided confirming the person's dietary needs had been met. Staff spoken with during our inspection visit confirmed they had received training in food safety and were aware of safe food handling practices.

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. We saw where staff had more immediate concerns about a person's health they accessed healthcare services to support the person. 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.

## Is the service caring?

### Our findings

People we spoke with told us they were treated with kindness and the staff were caring towards them. Comments received included, "I have had some very unpleasant experiences with other care agencies. Routes have been a god send to me and my [relative]. I cannot praise them high enough. Without their support my [relative] would be in a care home." And "I worked in care for many years and know good care when I see it. I would not accept anything but the best for my [relative]. We've got it."

We looked at the care records of three people and found a person centred culture which encouraged people to express their views. We saw evidence people had been involved in developing their care plans. This demonstrated people were encouraged to express their views about how their care and support was delivered. The plans contained information about people's current needs as well as their wishes and preferences. We saw evidence to demonstrate people's care plans were reviewed with them and updated on a regular basis. This ensured the information staff had about people's needs reflected the support and care they required.

People told us they were satisfied staff who supported them had up to date information about their needs and this was delivered in the way they wanted. One person we spoke with said, "I asked for male carers when the manager came to assess my needs and that is what I have. They are really caring, friendly and attentive lads and I like and get on with them all. They are excellent at what they do." Another person said, "I have a group of caring and conscientious staff who visit me. I so look forward to their visits, they make my day with their smiles and sense of humour. I enjoy a laugh with them."

Staff had an appreciation of people's individual needs around privacy and dignity. They told us they had received training around respecting people's privacy and this was a high priority for the service. People supported by the service told us staff spoke with them in a respectful way and respected their privacy. One person we spoke with said, "I have no issues with the staff who visit me. They are professional and patient when providing my personal care."

Before our inspection visit we received information from external agencies about the service. They included the Clinical Commissioning Group (CCG). Links with these external agencies were good and we received some positive feedback from them about the care being provided. They told us they were pleased with the care people received and had no concerns.

## Is the service responsive?

### Our findings

We found assessments had been undertaken to identify people's support needs prior to the service commencing. A person centred care plan had then been developed outlining how these needs were to be met. We saw staff had supported and encouraged people to express their views and wishes. This enabled people to make informed choices and decisions about their care and support.

We saw people had expressed when, how and by whom they wanted their support provided. For example one person had been specific about the gender of staff they wanted to support them. We also saw people had expressed their choices and preferences about their visit times and the level of support they required and how these would be met. People's objectives and desires had been identified as part of the plan of care. For example to promote independence or maintain a balanced and nutritious diet.

We looked at care records of three people. The care records were informative and enabled us to identify how staff supported people with their daily routines and personal care needs. Care plans were flexible, regularly reviewed for their effectiveness and changed in recognition of the changing needs of the person. Personal care tasks had been recorded along with fluid and nutritional intake where required. People we spoke with during the inspection visit said the service had responded to their requests for support and they were satisfied with the service they received.

People we spoke with told us they found the service was responsive in changing the times of their visits when required. We were also informed they were quick to respond if they needed an extra visit because they were unwell. One person said, "I find the office staff polite and helpful if I need a change to my visits. There have been occasions when I have requested additional visits to those already scheduled and these were met with no fuss."

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 incidents/complaints. This included recording the nature of the complaint and the action taken by the service. We saw complaints received had been responded to promptly and the outcome had been recorded.

People who used the service and their relatives told us knew how to make a complaint if they were unhappy about anything. One person said, "We are quite happy with the service but know how to complain if we need to. I know if I rang the manager any concerns I raised would be dealt with quickly." Another person said, "I had cause to complain once about a carer who visited me. It was dealt with quickly and to my satisfaction."

## Is the service well-led?

### Our findings

The service had a registered manager who understood their responsibilities and was supported by the provider to deliver what was required. Legal obligations, including conditions of registration from CQC, and those placed on them by other external organisations were understood and met.

We found the service had clear lines of responsibility and accountability with a structured management team in place. The management team were experienced, knowledgeable and familiar with the needs of the people they supported. The registered provider had delegated individual responsibilities to members of the management team. This included an operations manager, registered manager, training manager, human resources manager and care quality assessor.

Comments received from people supported were positive about the service and how it was being managed. One person said, "The service is run very professionally. The manager and the office staff are all polite and helpful whenever I have contacted them. Nothing seems to be too much trouble and they go out of their way to accommodate you."

The service had systems and procedures in place to monitor and assess the quality of their service. These included seeking the views of people they support through satisfaction surveys. People were asked a number of questions. These included asking if they were happy with the service provided, were carers well matched to meet their needs, did carers arrive on time and asked for an overall rating on the service. We noted the responses received were generally positive. Where concerns about the service had been raised these had been followed up by the service. This showed the service listened and responded to the views of the people they supported and their family members. Comments received included 'The service provides an excellent carer who is very respectful to my [relative]'. Also 'Staff are always friendly and helpful.'

The registered manager told us people received a courtesy call the day after their first visit to ensure they were happy with the service. We were told the service makes regular contact with people being supported to ensure things are going well for them. This was confirmed by people supported by the service.

Spot checks were undertaken by the care quality assessor whilst staff were undertaking their visits. These were in place to confirm staff were punctual, stayed for the correct amount of time allocated and people supported were happy with the service. We saw a report was then sent to the provider commenting on the outcome of the checks.

Regular staff meetings were held and records confirmed these were well attended. Staff spoken with told us the team meetings were held on a regular basis. They said these were a good forum for information sharing and learning.

We found regular audits were completed by the service. These included medication, safeguarding incidents, training, staff supervision arrangements and reviewing care plan records. Any issues found on audits were quickly acted upon and any lessons learnt to improve the service going forward.

