

Routes Healthcare (West Midlands) Limited

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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 

Overall summary

This inspection took place on 6 July 2015 and was announced. The provider was given 24 hours' notice because the location provides a domiciliary care service. We needed to be sure that someone would be available to assist us during our inspection. The inspection was undertaken by one inspector.

At our previous inspection in August 2014 there were two areas where the service was not meeting regulations.

These related to the monitoring of the service and the safe management of medicines. The registered manager and director showed us that systems had been put in place to monitor that staff had given people their medicines as prescribed and to monitor the quality of the service.

Summary of findings

Routes Healthcare (West Midlands) provides personal care to people in their own homes. At the time of our inspection there were 100 people who were receiving a service.

There was a registered manager in post. 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.

People were protected from abuse because staff were able to recognise the signs and symptoms of abuse and knew how to raise concerns. Staff had received training that enabled them to provide safe care and support.

There were sufficient numbers of trained staff that had received the appropriate recruitment checks to ensure that people received care and support from suitable staff.

People told us that they were happy with the care and support they received from staff that were knowledgeable about their needs and attended at the agreed times.

People told us that they were asked for their consent to the care and support they received and this involved an assessment of their needs. This showed that people's consent to care and support was obtained and their rights were protected.

People were supported to eat and drink sufficient amounts to remain healthy and health care professionals were involved in their care if needed.

People told us they had developed caring and friendly relationships with their care workers. People's privacy and dignity was usually maintained and their independence promoted by staff.

People were able to raise concerns and felt that any issues raised were appropriately addressed.

There were systems in place to gather the views of people on the quality of the service to ensure this was provided appropriately. Some improvements were needed in the quality of the records and monitoring systems to ensure timely actions were taken to improve the service when needed.

Summary of findings

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.

People told us they felt safe and staff were able to identify and raise any concerns so that people were protected from harm. Risks to people were assessed and managed appropriately.

The appropriate recruitment checks were carried to ensure that only suitable people were employed to support people. There were sufficient numbers of staff available to meet people's needs.

People received their medicines as required.

Good



Is the service effective?

The service was effective.

People told us that staff were knowledgeable about their needs and had the skills to provide the care and support they wanted.

People were asked to give consent to the care and support they received.

People received the support they needed with eating and drinking and healthcare professionals were involved to ensure people remained healthy when required.

Good



Is the service caring?

The service was caring

People had developed good relationships with staff that were caring, polite and promoted their independence.

People were supported to express their views and make decisions about the care and support they received. People felt their privacy and dignity was maintained and their independence encouraged.

Good



Is the service responsive?

The service was responsive.

Care workers provided care and support in a personalised and responsive way because changes in people's care needs were monitored and responded to.

Systems were in place to gather the views of people about the service they received and complaints were responded to appropriately.

Good



Is the service well-led?

The service was not consistently well-led.

Requires Improvement



Summary of findings

There was an appropriate management structure and systems in place to provide leadership and good management.

There was an open, inclusive and responsive culture that ensured that there was continual improvement in the quality of the service.

Some improvements were needed to the auditing of records so that improvements could be made when required.

Routes Healthcare (West Midlands)

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 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 took place on 6 July 2015 and was announced. The provider was given 24 hours' notice because the location provides a domiciliary care service. We needed to be sure that someone would be available to assist us during our inspection. The inspection was undertaken by one inspector.

In planning our inspection, we looked at the information we held about the service. This included notifications received from the provider about deaths, accidents/

incidents and safeguarding alerts which they are required to send us by law. We asked the provider to complete a Provider Information Return (PIR) so they could provide information about the service to us including what they did well. This was completed and returned to us as requested. We contacted the local authorities that purchase the care on behalf of people, to see what information they held about the service.

As part of our inspection we sent 36 surveys to people and 32 surveys to staff. We received 11 completed surveys from people that used the service and 9 staff. We spoke on the telephone with two people that used the service, four relatives and five staff. During our inspection we met with the registered manager and a director of the service. During our visit to the service's office we looked at records that included the care records of four people that received a service, the recruitment and personnel records of five staff, complaints records and quality assurance records.

Is the service safe?

Our findings

People that used the service told us that they felt safe with the staff that supported them. One person told us, “They ensure the carers have been introduced and lock up safely when they leave.” A family member told us, “[Relative] gets on well with the carers, feels safe and comfortable with them.”

People were protected from the risk of abuse because staff had received training that enabled them to identify the possibility of abuse and take the appropriate actions. Staff were aware of how to escalate any concerns if they felt that action had not been taken. All staff spoken with were able to describe different types of abuse and the actions they needed to take to raise any concerns they had. All the staff told us that they had received training so that they were aware of the signs to look out for that might indicate that people were being abused or at risk of abuse. For example, one staff member said that if they felt that people were not being provided with enough food by family members they would report this to the office to enable senior staff to follow this up.

People were protected from the risks of preventable injury because risks associated with the care provided by the staff and the environment had been assessed and plans put in place to minimise them. One person told us, “I think they [staff] did a risk assessment. [Name of person] came out and filled out a form.” Staff told us that they were aware of the risks to people and knew how to provide safe care because there were care plans and risk assessments in place and available in people’s homes. Relatives and people spoken with confirmed this. One staff member told us, “Managers carry out risk assessments but it is everyone’s responsibility. If we see a risk we have to report it to the office so that they can address the issues.” Records we looked at showed that a variety of risk assessments were in place. These included risks due to the environment, health issues and equipment used. Management plans were in place to minimise identified risk. People were kept safe in emergencies. All staff spoken with knew what to do in the event of an emergency and how to report accidents or incidents so these could be managed effectively.

Most people told us that calls were attended at the times they wanted support and staff stayed the correct length of time and that they had regular carers to assist them. If staff were late it was usually for a genuine reason as another call running over, or needed to stay with someone who was unwell and they were happy with the times the staff came. One person told us, “The only reason for being late was that another client who needs two staff and the call can run over. Staff usually ring to say if they will be late. It’s usually within the 30 minutes. Doesn’t affect me.” Another person said, “I’m definitely happy, the [staff] come at the right times.” A relative told us, “Sometimes the timings are out about half an hour but there is usually a reason.” Another relative told us, “Sometimes they [staff] are late and sometimes early.” This showed that although there were variances in the timings of the calls and people were happy with this. Records looked at showed that the provider made every effort to liaise with the local authority to ensure that calls were provided at the times people wanted.

Staff confirmed that there were sufficient staff available to carry out all the scheduled calls and there were always two staff available to carry out calls where two staff were needed. This showed that there were sufficient numbers of staff to meet people’s needs. People told us that they had never had any missed calls. One member of staff told us, “In the beginning I used to get asked to cover calls quite a lot but this doesn’t happen often now.” We saw records and care workers confirmed that the appropriate recruitment checks had been undertaken to ensure that only suitable people were employed.

People and relatives spoken with told us that staff supported them to take their medication safely.

One person told us, “Staff have to put away my medicines because I tried to take too many before.” A relative told us, “[Person’s name] has a medipack, staff take it [medicine] out and put in the glass; sometimes they observe but sometimes [person] says she will take it later. That’s okay as she can take it safely.”

Is the service effective?

Our findings

People that we spoke with told us that they were happy with the care provided and thought the staff were knowledgeable and well trained. One person told us, "They [staff] are very efficient. When they come they know what to do." A relative told us, "They [staff] are very good. We discussed needs before they started. We were given a copy of the care plan and they have met it."

Staff spoken with were knowledgeable about the people they supported. They told us that they had received training and support to enable them to carry out their roles. Staff told us that before they started working they received training in areas such as safeguarding, infection control, medication and safe moving and handling techniques for people. Some staff told us that a mixture of classroom and DVD training would be better so that there was more discussion about issues; particularly for staff that had not worked in care before. During our inspection we saw DVD training was being carried out in the office.

Staff were monitored to ensure that they were competent to work alone. Staff told us that following their induction training they worked alongside a more experienced staff that monitored their work until it was felt they were competent in carrying out their roles. Staff records looked at confirmed that the competency of new staff was considered before they were allowed to work unsupervised and regular checks were carried out to monitor their work. One person told us, "They [staff] are watched [by senior staff] and know if they come early." A relative told us, "We are asked if they want to bring a new staff member with them."

People told us that they received support from regular staff who they had built relationships with. There were occasional changes when staff were on leave or holiday or if staff left but they felt they were kept informed about any staff changes. One person told us, "They [office staff] ensure that carers have been introduced. Carers are quite regular. Overall It's been the same carer. I know usually who is coming what days." Staff confirmed that they had regular calls and had got to know the people they supported." A relative told us, "They [staff] support [person] with a wash. [Person] can be a bit awkward. They go along with it and they have been good. I'm quite happy with the care given."

Another relative said, "We're comfortable with the carers. They are cheerful and will have a laugh. They stay more than the allocated time. Don't rush [person receiving support]." Another relative told us how their family member had been supported to improve and needed less support now than before.

Staff spoken with were able to tell us how they supported people to make choices and uphold people's human rights to agree and refuse care. People told us they were able to decide on the care they received. One person told us, "They prepare me a meal. I tell them what I want to eat." Relatives told us that they were consulted about how people liked to be supported if the person was not able to tell people what they wanted. Records showed that staff had received training in the Mental Capacity and Deprivation of Liberty Safeguards and staff told us that there was no one whose liberty was being restricted.

People were supported to eat and drink where needed. People told us that drinks and snacks were left for them when needed. One person told us that they were supported to prepare meals and this reflected their care plan. Staff told us that if people were not eating as usual they would record this in the person's records so that all staff were aware and they would let the senior staff know so that they could contact families. One member of staff told us that they supported one person with their food shopping. The person made a list of the items they wanted to purchase and where from. Another member of staff told us how they encouraged people to drink sufficiently by offering a variety of drinks throughout the day at the calls they made and left drinks for people to have between calls.

People told us that staff would assist them to receive medical care if needed. One person told us, "Staff would support me if I'm not feeling well. They say give us a call if you are in pain in the day." A relative told us how the care provided to their family member had helped to ensure that skin damage that had already occurred healed. They told us, "They [staff] have managed the pressure sore very well which is now healed." Staff told us that they would inform the office staff if someone was unwell so that they could liaise with family members or arrange for health care professionals to visit if needed. Staff told us they would have no hesitation in calling emergency services if needed.

Is the service caring?

Our findings

People told us that they were happy with the care workers that supported them and people had built up good relationships with regular care workers that provided care. One person told us, "They are a friendly bunch of carers who are smiley when they come." Another person said, "Yes, they are very polite, cordial and very caring." One relative told us, "They will do extra things." During our visit to the provider's office we saw a number of compliments received by the service. Care records looked at showed that information was provided to staff about people's interests and family members so that staff knew what they could talk to people about helping them to feel valued and treated as individuals.

People told us that they were able to express their views and make decisions about the care they received. People felt that they were listened to and staff were able to tell us about the things people were able to do themselves. Care records looked at confirmed people's involvement in planning their care and the way they wanted to be supported. We saw that people were able to make choices about who supported them with personal care so that they felt comfortable with the individuals.

People were happy that their privacy and dignity was being maintained. One person told us, "Staff do respect my privacy. They call me by name and ask me if I am happy with what they are doing."

All the staff spoken with had a good understanding about how to promote privacy and dignity and were able to give good examples of how they maintained people's privacy and dignity. This included ensuring doors and windows were closed and people were kept covered whenever possible when personal care was provided.

Staff told us that people's care records provided enough detail about how a person's care should be provided and included detail about how to care for the person in a way that promoted the person's dignity and independence. One person told us they were supported to prepare meals, another person told us they could wash their hands and face themselves and that staff always ensured that their wheelchair was accessible so that they could move from one room to another and sit where they wanted.

Is the service responsive?

Our findings

People that we spoke with told us that they had been involved in the planning and review of their care. One person told us, “Staff always ask what help I want and tell me what they are going to do.” Staff told us that they asked people about what help they wanted. Staff told us and records showed that needs were assessed and care was planned so that care was provided based on the

individual needs of people. The registered manager told us that there were systems in place to ensure that people’s individual needs and preferences were met by staff that were suitably trained and qualified. Staff were knowledgeable of people’s needs. They were able to describe to us how they met people’s care needs in a personalised way and how they supported people to express their choices and maintain their independence by encouraging them to do as much as they could for themselves with staff support

People gave us examples of when they had asked for changes to be made to their care call, for example the timing of the call or some extra support. They told us that these requests had been responded to. Staff told us that any changes in people’s needs were reported to office staff and managers ensured that reviews were carried out. The registered manager and director told us how they liaised with the local authority to ensure that the service continued to meet the changing needs of people.

People told us that they were happy with the service and had no reason to complain. Everyone spoken with told that they knew how to make a complaint and that they had telephone numbers to call if they were unhappy. One person told us that they had raised an issue and this was dealt with straight away. This meant that people knew how they could raise any concerns they had. The complaints showed that issues raised had been addressed in a prompt manner.

Is the service well-led?

Our findings

People and relatives spoken with were complimentary about the care provided by the staff and felt supported to be able to live in their own homes. People told us that the staff always asked if they were happy with the care they provided and confirmed that they received regular questionnaires that asked if they were happy with the care they received. Relatives told us that there were regular reviews of care and they were able to say if they were happy with the care or not. Staff confirmed that they were able to make suggestions at staff meetings about ways in which the service could be improved. This showed that the provider made efforts to get a view about whether they were providing a good quality service and how it could be improved. We discussed with the registered manager and a director other people who could be asked about the service to get a wider view on the quality of the service.

There was a registered manager in post who was also a director of the service. The other director of the service worked closely with the registered manager on a day to day basis. Both directors were very involved in the running of the service and people using the service and staff told us that both were accessible and approachable. Staff told us that there was always someone available to offer advice and support and that on occasions both had carried out calls when there had been a shortage of staff or staff were held up on calls. This showed that there was an open and inclusive environment that ensured that staff received support and advice when needed and that people received the service they needed.

During our inspection we saw that there were occasions when there were disagreements between the registered manager and the other director about actions that should be taken. This indicated that there was a lack of clarity on their roles and responsibilities which would benefit from being clarified.

At our previous inspection in August 2014 there were two areas where the service was not meeting the regulations. These related to the monitoring of the service and the safe management of medicines. The registered manager and director showed us that systems had been put in place to monitor that staff had given people their medicines as

prescribed. The records showed that people had received their medicines because staff had recorded in the daily log books that medicines had been given. However, there was an ongoing issue that staff did not always complete the medicines administration record (MAR). A member of staff confirmed that the importance of completing the MARs was discussed at staff meetings. We discussed with the director and registered manager the need for identifying which staff were not completing the MARs and the possibility of training followed by disciplinary actions if the procedures continued not to be followed.

We saw that actions were being taken to improve the quality monitoring systems in place. We received a completed PIR that told us what actions were being taken to make improvements in the service. We saw that this was completed well and the information was accurate and we were able to confirm the actions during our inspection. We saw that improvements were in the process of being made to ensure care records were accurate but this was a work in progress. We saw that records were not always clear about the times that staff should be attending calls so people may not always be clear about the times they had agreed for calls. The director told us that the care plan in people's homes showed the exact times of calls but a copy of this had not been placed on the office file so that this could not be determined. We saw that regular checks were carried out on staff to ensure that they were attending calls at the correct time and staying for the appropriate length of time. We saw that issues of poor practice picked up on some of these checks were not always brought to the registered manager's attention so that the appropriate actions could be taken. We saw that some training provided by the registered manager needed to be discussed with the district nursing service to ensure that it was current, accurate and provided by the relevant individuals. Surveys completed by staff and some staff spoken with indicated that although protective personal equipment such as gloves and aprons were available other staff said that aprons were not available. The registered manager told us that these items were collected from the office by staff but there was no way of monitoring who had collected them or not. This indicated that the systems for monitoring and improving the service were not always robust.