

Routes Healthcare (North) Limited

Routes Healthcare Wirral

Inspection report

Gateway House, New Chester Road
Bromborough
Wirral
CH62 3NX

Tel: 01516591811

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Ratings

Overall rating for this service

Good 

Is the service safe?

Requires Improvement 

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 Wirral is a domiciliary care agency, providing personal care to people in their own homes. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided. At the time of the inspection there were 69 people receiving support.

People's experience of using this service and what we found

Systems were in place to manage risks and medicines but required further improvement to ensure records to evidence support provided, including repositioning support and the application of topical creams, were completed robustly. Risk assessments had been completed and staff knew how to meet people's needs. Medicines were administered by staff who had completed training and had their competency assessed.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice, but required further improvements to ensure best interest decisions were clearly recorded when people were assessed as lacking capacity to make specific decisions.

People and their relatives told us they felt safe with the support provided by Routes Healthcare Wirral. It was clear that lessons were learnt from incidents and any learning was shared with the staff team. Staff had been recruited safely, had undertaken relevant training and knew how to raise any safeguarding concerns. People mostly received support from a small consistent team of staff, who knew them well. Staff had enough time to travel between their allocated visits and had enough time to provide all the support people required.

The provider had implemented safe infection prevention and control (IPC) procedures, including regular training for staff, and ensuring required personal protective equipment (PPE) was available for staff.

People's needs, choices and support preferences were assessed and person-centred care plans were created based on these assessments with the input from people and their relatives, to help guide staff how best to support people. People's health and well-being was regularly reviewed, and referrals made to other professionals when needed. When required, people were supported to maintain a healthy and balanced diet. Care plans reflected people's dietary needs and preferences and people told us they were happy with the support they received.

People told us they were treated well, and their dignity and privacy were respected by staff that were kind, approachable and professional. They were involved in their care decisions and had the opportunity to provide feedback about the support they received. There was a complaints procedure in place and people knew how to raise concerns.

People told us the service was managed well and they could always contact the office if needed. Staff were

well supported in their role and enjoyed working for the provider. They completed regular training and had supervisions and observations in the community to support their practice.

There were effective systems in place to monitor the quality and safety of the service. Most issues highlighted during the inspection had already been identified by the manager and an action plan created to ensure required improvements would be made.

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

Rating at last inspection

This service was registered with us on 10 September 2021, and this is the first inspection.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

Recommendations

We made recommendations in relation to the management of medicines and risk and the recording of people's consent.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 not always safe.

Details are in our safe findings below.

Requires Improvement ●

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 Wirral

Detailed findings

Background to this inspection

The inspection

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

Inspection team

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

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was not a registered manager in post, however a new manager had been employed and was in the process of applying to register with CQC.

Notice of inspection

We gave a short period of notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 23 May 2023 and ended on 26 May 2023. We visited the location's office on 24 May 2023.

What we did before the inspection

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

During the inspection

We spoke with the manager, nominated individual and office staff during the site visit. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We spoke with a further 4 staff members, 2 people who used the service and 3 relatives, about their experience of the care provided.

We reviewed a range of records. This included 5 people's care records and medication records. We looked at 5 staff files in relation to safe recruitment. A variety of records relating to the management of the service, including audits were also reviewed.

Is the service safe?

Our findings

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

This is the first inspection of this newly registered service. This key question has been rated requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management; Using medicines safely

- Systems were in place to manage risks and medicines but required further improvement.
- Risks assessments were completed, and measures put in place to minimise risks. However, records to evidence the support provided to mitigate risks, were not always robustly completed, such as repositioning charts.
- When people were prescribed topical creams and required support from staff to apply them, records were not always in place to record the administration of the creams.
- One person required staff to administer their medicines at each visit, but records showed that on occasion, the required four-hour gap between doses was not always adhered to although the calls were scheduled four hours apart. The manager had already identified this and had raised it with staff through emails, team meetings and training updates to help ensure improvements were made.

We recommend the provider reviews and updates its procedures to ensure identified risks are mitigated and support recorded robustly.

- Staff were knowledgeable about actions to take in the event of an emergency.
- Staff had completed medicine training and had their competency assessed during regular observations.
- Protocols were in place to guide staff when people were prescribed medicines as and when required (PRN).

Systems and processes to safeguard people from the risk of abuse

- Procedures were in place to ensure safeguarding concerns were managed appropriately.
- Staff had completed safeguarding training and knew how to raise any concerns. A policy was also in place to guide them in their practice.
- People and their relatives told us they felt safe with the support provided by Routes Healthcare Wirral. They told us, "Oh yes, I certainly do feel safe with the carers, always tell me what they do before they do it, so I'm never frightened" and "[Relative] is looked after here, at home, by the carers and is absolutely safe with them."

Staffing and recruitment

- Sufficient numbers of safely recruited staff were available to support people.
- Most people told us they were usually supported by the same small team of staff who knew them well. They said, "Yes, more often than not get the same staff" and "Mostly the same girls unless they get moved

around, then they'll tell me 'You have 'so and so' coming tomorrow. 95% of time I know them, and they all wear badges and introduce themselves." However, it was not as consistent at the weekends.

- Staff told us they were allocated time to travel between their calls and rotas reflected this. Staff said they had enough time at each call to meet people's needs and people told us staff usually arrived on time and stayed until everything was done.
- Records showed that staff were recruited safely, and all necessary checks completed to ensure they were safe to work in social care. This included a Disclosure and Barring Service (DBS) check, which provides information including details about convictions and cautions held on the Police National Computer and helps employers make safer recruitment decisions.
- A relative told us, "They choose their staff carefully and have a good system of recruitment."

Preventing and controlling infection

- We were assured the provider had implemented safe infection prevention and control (IPC) procedures.
- Staff received the relevant IPC training and were provided with the appropriate personal protective equipment (PPE). People's feedback suggested staff always wore the necessary PPE when providing personal care.
- People told us, "[Staff] usually wear masks and gloves, I've no worries about that" and "No, no concerns, always come in with masks on and everything."

Learning lessons when things go wrong

- Records showed that incidents were recorded and reported, and appropriate actions were taken to ensure people's safety.
- It was clear that lessons were learnt from incidents and any learning was shared with the staff team and actions taken to minimise future risks.

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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 MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty. We checked whether the service was working within the principles of the MCA.

- Systems were in place to seek and record people's consent, but these could be further improved.
- When able, people had signed to show their consent to planned care, and mental capacity assessments were in place if there were concerns about people's ability to make informed decisions.
- However, records showed one person had been assessed as lacking capacity to consent to their care, but there was no best interest decision recorded. Their consent was signed by a family member, but there was no evidence the family member had legal authority to consent on their behalf.

We recommend the provider reviews and updates its practices to ensure people's consent is sought and recorded in line with the principles of the MCA.

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

- People's needs, choices and support preferences were assessed.
- Care plans were created based on these assessments, to help guide staff how best to support people.
- There was information available around the office to help ensure staff had the access to best practice guidance in areas such as donning and doffing of PPE, preventing skin integrity issues and the principles of the MCA.
- A range of policies were in place to guide and support staff practice.

Staff support: induction, training, skills and experience

- Systems were in place to ensure staff received training in relevant areas and were supported in their role.
- Staff told us they felt well supported in their role and records showed they received regular supervisions, appraisals and regular observations in the community.

- A training matrix was maintained, which showed staff completed training relevant to their role.
- Staff told us they were able to get support and advice from office staff when they needed it. One staff member said, "We are well supported, there is always someone on the end of a phone."

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

- When required, people were supported to maintain a healthy and balanced diet. Care plans reflected people's dietary needs and preferences.
- Staff had completed food hygiene training to ensure they could support people to prepare food safely.
- People that required support with meals were happy with the choice and support provided. One relative told us, "[Relative] has a 'sweet tooth', they got the dietician out to make sure [relative] has a balanced diet."

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

- People's health and well-being was regularly reviewed.
- Referrals were made to other health and social care professionals if staff had any concerns regarding people's health and wellbeing.
- If people were unwell or had an accident, appropriate actions were taken, such as contacting relatives, GP or emergency services as required. One relative told us, "Staff will occasionally get the GP out for me, and they arranged for a different chiropodist to come. It was the same when staff spotted a bed sore, they soon got that sorted."

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People told us they were treated well, and their dignity and privacy were respected. They said, "Oh yes, I think so, they are all very kind", "I feel very blessed to have these carers helping me" and "They are all most respectful."
- Relatives agreed and told us, "Staff are so very approachable, so sensitive to relative's needs, and always do what we ask" and "I think they are very professional, no complaints at all. Staff have all been so nice, everyone is so nice."
- Staff told us they usually supported the same people so were able to get to know them and their preferences well. One person told us, "They do, they know me and my routine."
- Records also showed that staff provided respectful and dignified care.

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

- People were supported to express their views and were involved in decisions about their care.
- People had signed their own care plans where they were able to and told us they had been involved in the completion of their care plan.
- Regular client service reviews were completed to ensure planned care continued to meet people's needs and annual surveys gave people the opportunity to give feedback about the service they received.

Respecting and promoting people's privacy, dignity and independence

- Staff delivered dignified, respectful care that helped promote people's privacy and independence.
- Care plans advised what people required support with, but also what they were able to do for themselves, to ensure staff could promote their independence. One person's care file reflected the person's desire to maintain their independence as part of their ongoing plans.
- People told us staff provided care in ways that promoted their independence as much as possible and their dignity was always respected.

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

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

- Personalised care was planned, tailored and delivered around the needs and preferences of people receiving care.
- Care plans were detailed and reflected people's choices and preferences and people told us staff knew how they liked to be supported. They said, "They all know I prefer female carers" and "I'm sure they do, they know just how I like things to be."
- The new care plan documentation included what a good, or bad day looked like for the person. This helped staff to understand the person's needs and how best to meet them.
- People told us they and their families were involved in planning their care.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's communication support needs were fully assessed and met.
- Care plans provided guidance on how people communicated and any support they may require, such as wearing glasses or hearing aids.
- The manager told us information, such as the service user guide and care plans, would be made available in different formats to support people's understanding if needed.

Improving care quality in response to complaints or concerns

- Systems were in place to manage complaints and concerns.
- A complaints policy was in place and records showed complaints were taken seriously.
- Most people told us they knew how to make a complaint but had not needed to. They said, "I haven't made a complaint so far, never needed to complain" and "No, never made a complaint at all."

End of life care and support

- End of life care was not being provided at the time of the inspection. However, Routes Healthcare Wirral do provide end of life care and support when it is needed, and staff had completed training to ensure they had the knowledge and skills to support people effectively at those times.

- New care plan documentation provides people with the opportunity to discuss their end of life care wishes if they choose to.

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Continuous learning and improving care

- There were systems in place to monitor the quality and safety of the service.
- Audits were completed regularly to help maintain an oversight of the service and identify areas that required improvement.
- Most issues highlighted during the inspection had already been identified by the manager and an action plan created to ensure required improvements would be made. This included the need for more robust record keeping to ensure planned care was evidenced when provided.
- Systems to ensure care plans held in the providers office could be improved to ensure copies of all people's care records are clear.
- Provider oversight was evident through governance meetings, external compliance audits and the use of shared electronic systems to record and monitor aspects of the service such as complaints and safeguarding concerns.

Promoting a positive culture that is person-centred, open, inclusive, and empowering, which achieves good outcomes for people

- The culture of the service helped ensure good outcomes for people.
- Feedback regarding care was positive. People told us staff were approachable, professional, and kind.
- People, relatives, and staff told us they felt the service was well managed. Relatives told us, "I think they do a good job. They are trustworthy and reliable; they all know us and treat us as family" and "I can only say it's very well led."
- Staff described how the service had improved since the new manager had been in post. They said, "Manager now is fantastic, best one they've had by far. There are more staff in the office now and the manager couldn't do any more for you" and "With the new manager, the support is lots better, always on the end of the phone for advice. It is more structured now."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The manager understood and acted on the duty of candour, they were open and honest with people, their family members and relevant others about things that had gone wrong.
- There was a manager in post who was in the process of applying to register with CQC.
- The manager had notified CQC of events and incidents providers are required to inform us about.

- A range of policies and procedures were in place to help guide staff in their roles.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- The manager liaised with other professionals to help ensure people's health and care needs were met. Referrals were made to other professionals when required for their specialist advice and support.
- Systems were in place to gather feedback about the service, such as surveys, quality reviews and a complaints procedure.
- staff meetings were held regularly to provide information, share any learning within the organisation and enable staff to share their views.