

Routes Healthcare (North) Limited

Routes Healthcare Burnley

Inspection report

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Date of inspection visit:

04 July 2023

05 July 2023

Date of publication:

18 July 2023

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Routes Healthcare Burnley is a domiciliary care agency registered to provide personal care to people in their own homes. At the time of the inspection, there were 74 people using the service. All people using the service were receiving personal care.

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

At the time of the inspection, the location did not care or support anyone with a learning disability or an autistic person. However, we assessed the care provision under Right Support, Right Care, Right Culture, as it is registered as a specialist service for this population group.

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

The service was able to demonstrate how they were meeting the underpinning principles of right support, right care, right culture.

Right support

People told us they felt safe and staff were kind and caring. Staff understood how to protect people from harm or discrimination and had access to safeguarding adults' procedures. There were sufficient numbers of staff deployed to safely meet people's needs. The provider followed safe recruitment procedures. Risks were assessed and monitored, which reduced the potential of avoidable harm. People were also protected from risks associated with the spread of infection. People received their medicines safely and were supported to eat and drink in accordance with their care plan.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. People's needs were assessed prior to them using the service. The provider had arrangements for the induction of new staff and provided regular training updates for existing staff. Staff were supported by the registered manager and the management team. People were helped to access healthcare services, as appropriate.

Right Care

People and their relatives told us staff were caring and treated them with kindness and respect. People and where appropriate their relatives had been consulted about their care needs and were closely involved in their ongoing care and support. Staff respected people's privacy and dignity. People and their relatives had access to the complaints procedure, if they wished to raise a concern. The registered manager had maintained detailed records of complaints.

Right Culture

The provider promoted a person-centred culture which was focused on meeting people's individual needs. The registered manager and the management team carried out a series of audits to check the quality and safety of the service. Spot checks were carried out to monitor staff performance. People, relatives and staff were asked for their views and their suggestions were used to improve the service and make any necessary changes. All people, staff and relatives praised the care provided and the management of the service. They confirmed the registered manager was approachable and supportive.

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

Rating at the last inspection

The last rating for the service was good (published 12 December 2018).

Why we inspected

The inspection was prompted in part due to concerns received about infection prevention and control practices, the lack of action taken to complaints, staff consistency and the management of medicines. A decision was made for us to inspect and examine those risks.

We found no evidence during this inspection that people were at risk of harm from these concerns.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Routes Healthcare Burnley on our website at www.cqc.org.uk.

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?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Routes Healthcare Burnley

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

The inspection was carried out by 1 inspector.

Service and service type

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

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

At the time of our inspection there was a registered manager in post.

Notice of inspection

We gave the service short notice of the inspection. This was because we needed to be sure the registered manager would be in the office to support the inspection. We also requested consent from people, their relatives and staff members to call them over the telephone.

Inspection activity started on 4 July 2023 and ended on 5 July 2023. We visited the location's office on both days.

What we did before the inspection

We reviewed information we had received about the service and asked the local authority for feedback. The

provider completed a Provider Information Return (PIR). This is information providers are required to send us annually with key information about the service, what it does well and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

With their consent, we spoke with 5 people using the service, 5 relatives and 3 members of staff over the telephone. We also spoke with the registered manager at the agency's office.

We reviewed a range of records. This included 3 people's care plans and associated records as well as 2 people's medication records. We looked at 2 staff files in relation to recruitment. In addition, we looked at records relating to the management of the service including policies and procedures and staff training as well as audits and quality checks.

Is the service safe?

Our findings

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

At the last inspection, this key question was rated as good. At this inspection, the rating has remained good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Risks to people's personal safety were assessed, monitored and managed effectively. People's care plan documentation included a series of risk assessments, which had considered risks associated with the person's environment, their care and treatment, medicines and any other factors.
- The provider had a business continuity plan which described how people would continue to receive a service in the event of adverse circumstances.
- The provider used computer-based systems to record any safeguarding concerns, accidents and incidents. The data was continually monitored and reviewed to identify any patterns or trends.
- Various methods had been established to ensure any lessons learned from observations of people's care, incidents, complaints, audits and people's feedback were communicated to the staff team.

Staffing and recruitment

- Sufficient numbers of staff were deployed to meet people's needs in a person-centred way. People told us they usually received care from the same team of staff. This meant staff were familiar with people's needs and preferences. One person told us, "They are all absolutely brilliant. I couldn't do without them."
- Effective rostering systems had been established to organise care visits, minimising the risk of late or missed calls. One relative commented, "They've done everything they can to make sure we have the same staff." Staff told us they had sufficient time to meet people's needs and to travel between visits.
- The provider followed safe recruitment systems and processes. We looked at two staff recruitment files and found appropriate regulatory checks were carried out prior to employment.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse or avoidable harm. One person told us, "I trust all the staff completely and I always feel safe with them." Relatives had no concerns about their family member's safety. One relative said, "I am very confident they are doing everything properly."
- Staff had received training in safeguarding vulnerable adults and children and understood their responsibility to report any concerns. During the inspection, the registered manager displayed the local safeguarding contact details on the office wall and explained this information would be added to the staff handbook.

Using medicines safely

- Medicines were managed safely. The provider's systems and processes were designed to ensure people had the level of support they needed to manage and take their medicines safely.
- Staff had access to best practice guidance and appropriate policies and procedures. Staff were trained to

administer medicines and checks were carried out on their practice. Staff had also recently attended a transcribing medicines course, to ensure they correctly transferred details from prescription labels to the medicines administration records.

- Staff maintained appropriate records following the administration of medicines. Staff returned the records to the office once a month for auditing purposes.

Preventing and controlling infection

- The provider had systems to help prevent and control the spread of infection and staff had received training on this topic.
- Staff had access to an infection prevention and control policy and procedure. Staff were provided with personal protective equipment, including face masks, disposable gloves and aprons as well as hand sanitiser.
- People using the service and their relatives confirmed staff used appropriate protection equipment when providing personal care.

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.

At our last inspection, we rated this key question good. At this inspection the rating has remained 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.

- Staff understood the relevant requirements of the MCA and confirmed they asked for people's consent before providing care and support. One person told us, "They always ask me how I am and always ask for my permission before they do anything."
- People's capacity to make decisions was considered as part of the assessment and care planning process. Wherever possible, people had signed a consent to care form.

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

- People's needs were assessed by a health or social care professional prior to receipt of care.
- People's diverse needs were detailed in their assessment and care plans and met in practice. This included support in relation to their culture, religion, lifestyle choices and diet preferences.
- Information on risks was gained on the first visit and an initial care plan was developed. This provided an overview of people's needs and preferences. A detailed care plan was developed within six weeks of the person receiving a service.

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

- People were supported to access healthcare services and staff closely monitored their health.
- People's healthcare needs were documented in their care plan including details of how any medical conditions impacted on their daily lives. This helped staff to recognise any signs of deteriorating health.
- The registered manager and staff worked closely with other social care and healthcare professionals as well as other organisations to ensure people received a coordinated service.

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

- People's nutrition and hydration needs were met. People were supported to eat and drink in line with their needs and preferences.
- Risk assessments were carried out to assess any difficulties with eating and drinking. People were carefully monitored if they were at risk of poor nutrition and hydration.
- Staff had developed links with speech and language therapists (SALT) and any advice was documented in people's care plans.

Staff support: induction, training, skills and experience

- Staff were provided with ongoing support and training. People and their relatives told us the staff were competent and well trained. One relative said, "I don't have to show the staff how to do things. They've considered everything and have been really proactive,"
- New staff were supported through an induction programme, which included the provider's ongoing mandatory training and any specialist training to meet people's needs. Staff training was closely monitored, to ensure staff completed their training in a timely way.
- Staff were provided with regular support by means of one to one and group meetings. Staff demonstrated a good awareness of their working roles and responsibilities and confirmed their training was on-going and relevant.

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.

At our last inspection, this key question was rated as good. The rating for this key question has remained 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's rights were promoted, and person-centred care was delivered.
- People and their relatives expressed satisfaction with the care provided and made complimentary comments about the staff team. One person told us, "All the staff are absolutely brilliant. I couldn't do without them" and a relative commented, "The carers are fantastic. You really couldn't meet nicer more friendly people."
- The registered manager promoted and encouraged inclusion. Staff had received training on equality and diversity issues and had access to a set of policies and procedures.
- Staff understood their role in providing people with compassionate care and support. They were knowledgeable and respectful about people's individual needs, backgrounds and personalities.

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

- People were supported to express their views and were consulted in individual and meaningful ways. This ensured people were fully involved in decisions about their care and support.
- People told us staff understood their individual needs and preferences and always accommodated these when delivering their care. One person said, "I feel the carers know exactly what I want and need. I'm more than happy with the care I receive."
- Staff were committed to ensuring the best possible outcomes were achieved.
- People were provided with appropriate information about the service. The information included details about what people could expect from the service.

Respecting and promoting people's privacy, dignity and independence

- People's privacy, dignity and independence was respected and upheld.
- Staff had access to policies and procedures and training about caring for people in a dignified way. This helped to make sure staff understood how they should respect people's privacy and dignity in a care setting.
- Staff understood their responsibilities for keeping people's personal information confidential. People's information was stored and held in line with the provider's confidentiality policy and with current regulations.

Is the service responsive?

Our findings

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

At our last inspection, this key question was rated as good. The rating for this key question has remained 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

- People received personalised care and support specific to their needs and preferences. People praised the staff and were happy with the care they received. One person told us, "The carers are very professional and completely reliable and trustworthy."
- People's care plans were personalised to reflect their care needs. The plans identified people's specific support needs and preferences, including details about tasks and desired outcomes.
- The registered manager explained preparations were underway to introduce electronic care planning systems. This would give staff ready access to people's care documentation.
- Staff understood people's needs and it was evident people were supported to make choices and decisions, wherever possible. Staff documented the care people had received, in a respectful way.

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.

- The registered manager and staff understood the Accessible Information Standard.
- People's communication needs were identified and recorded in their care plans.
- People could request information in a variety of formats in line with needs and preferences.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were encouraged to continue hobbies and interests that enhanced their quality of life. The registered manager and staff understood the importance of social interaction and people's emotional wellbeing.
- People and their relatives told us they enjoyed their chats with staff when all the tasks had been completed. One person told us, "We look forward to talking about the plants in the garden."

Improving care quality in response to complaints or concerns

- People had access to a complaints procedure. The procedure was clear in explaining how a complaint could be made and reassured people their concerns would be dealt with.
- All complaints were logged and investigated. The registered manager had carried out thorough

investigations in response to any complaint and had discussed any specific concerns with the relevant staff team. Outcome letters were sent following any investigations.

End of life care and support

- People were provided with appropriate end of life care. Staff worked closely with the person, family and other health and social care professionals to ensure the person's dignity and comfort.
- Staff had completed end of life training and the management team were due to attend a conference at a local hospice.

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.

At our last inspection, this key question was rated as good. At this inspection, the rating has remained good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The registered manager and staff had a clear understanding of their roles and contributions to service delivery.
- The provider had established systems to monitor the quality of the service. This included checks on all records. The quality service manager also carried out a detailed biannual review of the service. Action plans were developed to address any shortfalls.
- The provider used various communication systems with staff, to ensure continuous learning and improvements took place. Staff told us they were comfortable raising any issues or concerns and confirmed the management team were open to feedback.
- The registered manager had also developed a service improvement plan. The plan included details of planned actions and timeframes for completion.

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

- The registered manager understood their responsibilities under the duty of candour.
- The management team had notified CQC of all significant events and were aware of their responsibilities in line with the requirements of the provider's registration.

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

- The registered manager and staff were committed to delivering a person-centred service which achieved positive outcomes for people. They were knowledgeable about people's needs and preferences.
- The registered manager and staff respected people's rights and encouraged people to make choices and decisions about their care and support.
- People were supported in a sensitive and kind manner. Feedback from people was positive and evidenced they felt included and listened to.
- Staff demonstrated their understanding of the values of the service and that people should be at the centre of their care. Spot checks were carried out by the management team to monitor staff performance.

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

- The registered manager and staff involved and engaged people in the service and considered their

equality characteristics.

- People and staff were invited to give feedback on the service and had the opportunity to attend meetings and other events as well as complete a satisfaction questionnaire. Action plans had been developed in response to any suggestions for improvement.
- The provider and management team fostered and encouraged working in partnership with other professionals and agencies. This included consultation with health and social care professionals to meet people's needs.