Routes Healthcare (North) Limited

Rochdale 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?	Outstanding
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

This was an announced inspection that took place on the 2 and 3 February 2016. The service was previously inspected in January 2014 and was found to be compliant with all regulations inspected.

Routes Healthcare – Rochdale works closely with healthcare commissioning teams in supporting children and adults who have complex healthcare needs or are at the end of their life. The hours of support vary depending on the assessed needs of people. The service provides 24 hour support for some people with complex needs.

The service currently supports 80 people. This number changes rapidly with people being referred to the service who choose to pass away in their own home. Services may be required the same day as the referral is received and may only continue for a few days.

The service had 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. At Routes Healthcare – Rochdale the registered manager was also the area manager for the Routes Healthcare group. They were at the Rochdale office three or four times each week and were available on the telephone at other times. A new manager had been appointed for the Rochdale office and they will apply to become the registered manager when they take up their post. An on call system was available outside of office hours.

All the people we spoke with told us that they felt safe being supported by staff from Routes Healthcare – Rochdale. One person told us, "I can't speak highly enough of them (the staff); there's not one that isn't nice." Staff had received training in safeguarding adults and knew the correct action to take to protect people from the risk of abuse. All staff said the registered manager and the care co-ordinators would listen to any concerns they raised.

Where Routes Healthcare – Rochdale had responsibility for administering medicines they were administered safely. Medication Administration Records (MAR) were audited weekly. Any errors were investigated. Staff training was provided for staff in the hand writing of medicines prescribing instructions on to the MAR sheets accurately and with two staff signing to state they were correct.
We saw that two families, where staff supported people through the night, would leave medicines out for staff to administer during the night if required. The details on when this would be required were not recorded and relied on the families informing the staff accurately. This meant that staff may be unsure of the prescribed instructions for people's medicines where families took the lead in managing the medication.

Risk assessments were in place which provided guidance to staff about how to manage the identified risks. Care plans were in place which gave clear information and guidance to staff. The plans were regularly reviewed to ensure that the information reflected people's current needs. This enabled the staff to support

people effectively and safely.

People and relatives told us that support visits were not missed. Due to the nature of supporting people at the end of their lives the times of visits sometimes varied if people required additional support. Staff teams were organised on an area basis which enabled people to receive support from the same members of staff. Staff covered each other when one was ill or on annual leave. Agency staff were not used. This helped to ensure that staff knew the people they support well.

A business continuity plan was in place. Contingency plans were made in case of staff sickness or bad weather affecting staff being able to support people as planned.

The manager and staff demonstrated a good understanding of the Mental Capacity Act 2005 (MCA). Best interest meetings had taken place where a person who used the service did not have the capacity to make a particular decision.

A robust system for staff recruitment, induction and training was in place. Staff received an induction when they joined the service. They completed essential training before they were able to support people who used the service to help ensure that they could carry out their duties effectively. Additional training courses were also provided for staff who supported people who had specific needs such as epilepsy or percutaneous endoscopic gastrostomy (PEG) feeding. Staff received an annual appraisal and spoke with the care co-ordinators and registered manager weekly when they visited the office. The co-ordinators always asked them how they were and discussed the people they supported. This included any areas for staff development arising from the conversation. Staff would inform the co-ordinators of any concerns they had. Annual observations were completed by the Care Quality Assessor.

All staff told us that they felt very well supported by Routes Healthcare – Rochdale. They said that they could phone the office or on call at any time with any concerns or if they felt that people's needs had changed. Staff told us that they enjoyed working in the service. One said, "This is the best job I've ever had" and another told us, "I love my job; I enjoy coming to work."

We saw the service worked closely with the district nurses and specialist hospitals to ensure people's health needs were met.

People who used the service and their relatives spoke extremely positively about the kindness and caring attitude of the staff. People had strong relationships with staff and they felt that staff went 'the extra mile' for them. Comments people made to us included, "The staff are absolutely superb; we class them as part of the family." Staff would undertake additional tasks such as bringing milk or bread on their next visit to help the family. Staff we spoke with had a clear understanding of the people's needs and knew them well.

Staff saw their role as supporting people's family as well as the person who used the service as they came towards the end of their life.

Staff showed that they were determined to support one person with complex needs to partake in a holiday abroad. This would require considerable logistical planning to ensure that all the required medical equipment was taken with them.

We were told that the timings of the visits were flexible due to the nature of supporting people at the end of their lives. Staff told us that they would stay longer with people if they needed additional support. The staff told us that they would contact the office who would inform other people who used the service that the staff

member would be delayed.

Staff could clearly explain the values of privacy, dignity and respect. We saw that these values were part of the interview questions for prospective employees. Annual observations of practice by the complex care assessor checked that these values were used in practice.

We were told that one person supported by the service chose to lead an unconventional lifestyle. Staff worked in a non-judgemental way, providing them with the care and support they required.

The service completed monthly phone calls to people or their relatives to gain feedback on the service provided. All comments made were passed on to the care co-ordinators. People we spoke with were very positive about the care co-ordinators and their responses to any feedback that had been given. A questionnaire was also sent to people every six months to gain their views. Systems had been introduced to reward staff. When a compliment was received by the service the staff member was sent a personal letter which was then used as part of their annual appraisal.

There was system in place to record, investigate and learn from complaints. Incidents and accidents were reviewed to reduce the likelihood of the incident re-occurring.

A robust system of audits was in place to monitor the quality of the service. A new role of Clinical Lead had been developed for the Routes Healthcare Group. Their role was to undertake audits across the whole of the organisation and also for each branch. This should help to drive continuous improvements in the service provided by Routes Healthcare – Rochdale.

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.

People who used the service told us they felt safe with the staff that supported them. Risk assessments were in place which provided guidance to staff about how to manage the identified risks.

Where Routes Healthcare – Rochdale had responsibility for administering medicines they were administered safely. Where families had responsibility for medicines some medicines were left out by the family for staff to give to the person. Guidance for staff in these instances was not recorded.

A robust system of recruitment was in place. Staff had received training in safeguarding adults and knew the correct action to take to report any concerns.

Is the service effective?

Good

The service was effective.

The service was meeting the requirements of the Mental Capacity Act 2005 (MCA). Best interest meetings were held when a person did not have the capacity to make a particular decision.

Staff had received the induction and training they required to carry out their roles effectively. Annual appraisals were held. Staff felt supported by the managers and spoke with them weekly, however they did not receive formal supervisions.

We saw that people's health needs were met. Where it was part of the support provided we saw that people's nutritional needs were met.

Is the service caring?

Outstanding

The service was very caring.

People who used the service and their relatives spoke extremely positively about the kindness and caring attitude of the staff. People had strong relationships with staff, felt that staff

understood their needs well and went 'the extra mile' for them. Due to the nature of palliative care, staff would stay longer with people if they needed additional support. If staff were delayed this was communicated to the other people who used the service.

Staff showed a clear understanding of privacy, dignity and respect. The service asked about values during the interview process.

Monthly phone calls and six monthly questionnaires were used to gain feedback from people who used the service and their relatives.

Is the service responsive?

Good

The service was responsive.

The service responded quickly to requests for support for people at the end of their life wanting to return to their home.

Person centred care plans were in place. The plans were regularly reviewed and updated with the people who used the service, their relatives and the local authority

People told us that they received the support they required. There was system in place to record, investigate and learn from complaints.

Is the service well-led?

Good

The service was well led.

The service had a manager who was registered with the Care Quality Commission.

People, their relatives and staff spoke positively about the registered manager, care co-ordinators and other office staff. They said they were approachable and supportive.

A robust system of audits was in place to monitor the quality of the service. This function had been strengthened with the appointment of a Clinical governance lead for the Routes Healthcare group.

Rochdale 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 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 the 2 and 3 February 2016. 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 provide us with the required information.

The inspection team consisted of one adult social care inspector and an adult social care inspection manager on the first day and one adult social care inspector on the second day.

Before our visit we asked the provider to complete a Provider Inspection Return (PIR) form and this was returned to us. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed all the information we held about the service including notifications the provider had made to us.

We contacted the local Healthwatch organisation and the local authority commissioning team to obtain their views about the provider. No concerns were raised about the service provided by Routes Healthcare Rochdale.

With their permission we visited and spoke with five people who used the service, four relatives of people supported by the service, seven members of staff, the registered manager two care co-ordinators, the staff branch recruitment team, the complex care assessor, the group Care Quality Assessor, the group Human Resources and Development manager, and the group Clinical Governance lead.

We looked at the care records for five people and the medication records for two people who used the service. We also looked at a range of records relating to how the service was managed including three staff personnel records, training records and policies and procedures.

Good

Is the service safe?

Our findings

All the people we spoke with told us that they felt safe supported by staff from Routes Healthcare – Rochdale. One person said, "I feel safe; I trust [staff member]." Another told us, "I can't speak highly enough of them (the staff); there's not one that isn't nice." All the relatives we spoke with told us that they thought their relative was safe being supported by Routes Healthcare – Rochdale. One relative commented, "I wouldn't be able to sleep without the staff being there."

The training records we reviewed showed that staff had received training in safeguarding vulnerable adults. This was confirmed by staff who informed us that the training was completed annually. Staff were clearly able to explain the correct action they would take if they witnessed or suspected any abuse taking place. The staff confirmed that they were aware of the service's whistle blowing policy. They were confident that any issues that they raised would be dealt with by the registered manager. This should help ensure that the people who used the service were protected from abuse.

One person we spoke with was assessed as requiring support with their finances. We saw records for the safe management of their money. Details of all transactions had been recorded by staff and receipts kept.

We spoke with the Routes Healthcare – Rochdale's recruitment team and looked at three staff personnel files. The files included an application form and three references including one from the most recent employer. We were told that where an applicant had worked for one employer for a long period of time character references were obtained as well. We saw that if an applicant had a gap in their employment history a form was completed to state the reason for the gap. The file also contained interview notes, certified copies of proof of identity documents and a criminal records check from the Disclosure and Barring Service (DBS). The DBS identifies people barred from working with vulnerable people and informs the service provider of any criminal convictions noted against the applicant. DBS checks were completed annually for all staff. The PIN number for any registered nurse employed was checked monthly to ensure that it was still valid. This helped to ensure that applicants coming to work for the service were suitable to work with vulnerable adults.

People who used the service and their relatives told us that support visits were not missed by the service. This was confirmed by the commissioning authority who told us that the service was reliable and well organised. The staff members we spoke with told us that they had travel time built into their rota. The care co-ordinators explained that staff were organised in teams based on a geographical area. This was confirmed by the staff and the people who used the service, who told us that they had regular staff providing their support. This should help ensure that safe care and support was provided by the staff. Where people received 24 hour support a regular staff team was in place to support them.

The care co-ordinator and the registered manager said that the service did not use agency staff. Any cover required when staff were off sick or on annual leave was organised by the care co-ordinators. Wherever possible this was arranged from within the regular staff teams to ensure consistency of care. The agency had staff available to cover when needed. One staff member told us, "Staff are available to cover; they've always

found cover if staff are off sick." An on call system was in place if staff needed advice or support outside of office hours.

We saw that the care files included information about the risks that the people who used the service may experience. This included guidance for staff and any control measures in place to manage the risks. We saw that an environmental risk assessment was completed for each property the staff visited. Where appropriate a manual handling risk assessment was completed. We saw that the risk assessments were regularly reviewed and updated when people's needs changed.

We saw from the training records that staff had received training in infection control. Staff members told us that personal protective equipment such as gloves and aprons was available for them to collect from the office.

We saw that one person who used the service had equipment supplied through the NHS. The staff we spoke with explained how they liaised with the hospital if there was an issue or problem with the equipment. We saw detailed instructions provided by the hospital for the care and safe operation of the equipment that had been supplied. A picture of each piece of equipment had been taken with guidance for staff as to what it was used for. This should help staff to ensure that the equipment was used safely.

We looked at the way medicines were managed in the service. We saw that an up to date medicines policy was in place. The care records we reviewed contained information for staff on who was responsible for administering medication. For some people this was stated as the family's responsibility. However we saw that two families, where staff supported people through the night, would leave medicines out for staff to administer during the night if required. The details on when this would be required were not recorded and relied on the families informing the staff accurately. This meant that staff may be unsure of the prescribed instructions for people's medicines where families took the lead in managing the medication. All the people we spoke with said that medicines were always correctly administered by Routes Healthcare – Rochdale. Staff told us that the district nurses administered all end of life medication when it was required.

The training records showed that all staff had received training in the administration of medicines. The staff we spoke with all clearly explained their role in administering medicines and recording what had been administered. We saw that medicines administration records (MAR) were completed where staff administered any medicines. The staff had to hand write the prescribing directions to the MAR sheets and two people signed that it was accurate. The MAR sheets were returned to the office each week and were reviewed by a registered nurse. Any mistakes made on the MAR sheets were followed up. We were told that since September 2015 there had been one medication error. This had been immediately investigated and appropriate action taken. Where it was seen that two staff had not signed the MAR sheet training sessions had been organised for staff to ensure that they knew the correct procedures for transcribing medicine instructions. We were told that the service did not administer any controlled medicines.

The service would continue if the central office was not operational due to events such as a utility failure as the staff supported people in their own homes. The care co-ordinators explained how contingency plans were put in place over the Christmas period where staff were paid to be on standby in case of staff sickness or bad weather affecting the service. The provider had a business continuity management plan in place in case of an emergency. The registered manager explained that all computer records could be accessed from other branch offices of the company. Office based staff had laptops which could be used from home if required.

Good

Is the service effective?

Our findings

All the people we spoke with, and their relatives, said that the staff knew them well and had the skills to support them effectively. We were told that staff made visits in pairs. If a new staff member was working they would always be with a regular staff member who knew them and their support needs. This meant that new staff would not be supporting people they did not know on their own. One person said, "There is always two staff who visit; it's never two new people. They are all really good."

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 people lack the 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. Any applications to deprive someone of their liberty for this service must be made through the court of protection. We found that the service was working within the principles of the MCA.

The registered manager told us that the service had been involved in 'best interest' meetings and had raised concerns about a person's capacity to make a decision with the local authority. We saw evidence of a multi-disciplinary meeting that had been held to discuss a decision a person who used the service was making. This included health professionals, psychologist and the local authority safeguarding vulnerable adults' team. Records showed that staff had received training in the MCA. This was confirmed by the staff we spoke with.

We asked staff members, the care co-ordinators and the group Care Quality Assessor about the training staff received. All told us that staff have to complete all mandatory training before they are given any shifts. The mandatory training included administration of medicines, emergency first aid, manual handling and infection control. New staff also have to complete the Care Certificate. The Care Certificate is a nationally recognised set of induction standards for people working in care. Additional training courses were also provided for staff who supported people who had specific needs such as epilepsy or percutaneous endoscopic gastrostomy (PEG) feeding. Practical manual handling and PEG training was also completed in people's home with the equipment staff were using when supporting people.

We were told that the training is a combination of on-line e-learning courses and workshops held at the service's office. Staff said that they could ask for assistance in using the on-line system if they needed to. The Care Quality Assessor received a weekly report on the staff compliance with mandatory training. The training was refreshed on an annual basis. Staff were sent an email twelve and six weeks before the training was due to be completed. If staff were not up to date with their training the care co-ordinators were informed and the staff member was not given any shifts until they were compliant.

The on-line training courses were purchased from a training provider. The course content was updated by the training provider to include any changes to legislation or good practice guidelines.

One person who used the service had complex needs and required staff to use various pieces of equipment when supporting them. The team leader for this person explained that they trained new staff to use the equipment. During this time the staff always worked with a fully trained colleague. When the staff member had been trained by the team leader the complex care assessor observed them using the equipment before signing them off as being competent. This was confirmed by a staff member who said, "I'm getting to know [person who used the service's] complex needs. I shadow 'signed' off members of staff at the moment."

We saw records of annual appraisals held with staff. The appraisals were used to document staff understanding of their roles and training needs. Objectives for staff to achieve were set. We found that there were no formal staff supervisions completed with the provider preferring a more informal system. Staff told us that they visit the office every Monday to hand in MAR sheets, timesheets and collect personal protective equipment. The co-ordinators always asked them how they were and discussed the people they supported. This included any areas for staff development arising from the conversation. Staff would inform the co-ordinators of any concerns they had. We saw that brief notes of some conversations with staff were made on the personnel computer system, but not all were recorded. This does not follow current best practice for supervising staff. We were told that a new computer system being installed would make it easier for the care co-ordinators to record their conversations with staff on a more formal basis.

Staff told us that the Care Quality Assessor also completed observations of their practice every twelve months. This was more frequent for new staff completing the care certificate. We saw evidence of observations that had been completed. This should help ensure staff have the skills to support people effectively.

All staff told us that they felt very well supported by Routes Healthcare – Rochdale. They said that they could phone the office or on call at any time with any concerns or if they felt that people's needs had changed. They said that the office staff acted upon the issues they had raised. One staff member told us, "I'm 100% supported by the staff at the office; the co-ordinators, training and admin staff."

We were shown daily log sheets that were completed by staff at each visit. Staff also told us that they would phone their colleagues to hand over any important information they needed. Where support was provided for 24 hours each day we saw that a communications book was used by staff.

Where support was provided 24 hours a day we saw that staff supported people with all their nutritional needs. The person using the service made choices about the food they wanted. Fluid balance charts were recorded. Where short visits were made the care plan detailed if staff needed to support people with their meals. A staff member told us that they prepare light breakfasts or microwave meals. The person's family provided the food for the staff to prepare.

Staff who made short visits explained how they would contact the GP or district nurse if the person that used the service's health deteriorated. One relative told us, "If [person who used the service] has a hospital appointment the staff always come in early to ensure they are ready in time." We saw that in one service with 24 hour support the health needs of the person who used the service were clearly documented. We saw evidence of close co-operation with medical specialists, with the specialists writing the care plans for staff to follow to maintain the person's health. Regular appointments were made with the specialist.

Outstanding ☆

Is the service caring?

Our findings

We received consistently positive comments from people who used the service and their relatives about the attitude and approach of staff. People spoke highly of care workers and described some very positive experiences of support they had received. Comments people made to us included, "The staff are absolutely superb; we class them as part of the family" and, "I can't speak highly enough of them, they are really, really good to me and my wife." A relative said, "The staff are very considerate, they go out of their way to be kind and have a smile on their faces, which is good for [person who used the service]." Another relative told us how staff had bought a birthday present for the person who used the service and another said, "I was so pleasantly surprised with the care and help my husband and I get; it's like friends coming in."

We were told that staff would often ask if there was anything else that people wanted them to do. One person said, "They ask if we need anything, such as bread or milk, and will bring it on their next visit." Another said, "They will pick up the prescription for me if I ask."

Routes Healthcare – Rochdale supported people who needed end of life care in their own homes. Staff we spoke with demonstrated a commitment to providing high quality care and support to people. One staff member told us, "I use my life experience to have empathy for the family of the people I support." One person who used the service told us, "My wife collapsed just before Christmas and had to go to hospital. The staff stayed with me until a family member could come round before they left." A relative said, "If I'm not well the staff would do the things for [relative] that I would usually do such as giving [relative] a wash. All I have to do is ask them." This showed that the staff saw their role as supporting the person who used the service and their family during their end of life care.

We were told by one person who used the service who had complex needs that they were planning to go abroad with support provided by staff. This would need a team of seven staff to support the person and would require considerable logistical planning to ensure all the correct medical equipment was taken with them. There were a number of barriers to achieve this but the staff team were determined to ensure that this holiday took place and had held meetings to plan what they needed to do to support the person to succeed in their goal.

This showed that people had strong relationships with staff and they felt that staff went 'the extra mile' for them.

We were told that the timings of the visits were flexible due to the nature of supporting people at the end of their lives and the possibility of receiving an urgent referral from the Clinical Commissioning Group (CCG). This was because staff would stay longer with a person who used the service if they needed additional support and was accepted by the people who used the service and their relatives. However people told us that the staff had regular 'runs' and so they visited them around the same times each day. A staff member said, "If a person needs extra support when we arrive I speak to the office and they will inform the other clients that we will be delayed." This was confirmed by the people who used the service we spoke with. Where people received 24 hour support a regular staff team was in place to support them. This enabled the

service to provide a very flexible, caring and person centred service to meet the needs of people and their families as they neared the end of their life.

All the staff we spoke with said that they did not feel rushed for time when supporting people and were able to stay longer with a person if they needed to. One staff member told us," It's the best job I've had; if I can put a smile on someone's face at the end of their life then money can't buy it."

Staff told us that the care co-ordinators, registered manager and other office staff were available for them to talk to if they needed any advice or support with a person's end of life care. The complex care assessor had completed the Six Steps for end of life care programme and provided advice and training for staff in the provision of end of life care. The care co-ordinators told us, and a staff member confirmed that a course with MacMillan Cancer Care had been held to inform staff about end of life care for people with cancer. The staff member said, "I have awareness about cancer now and so feel able to speak with families about it."

People were referred to the service by the CCG, hospital or hospice. The care and support for people at the end of their life was planned with district nurse and other professional's involvement. Routes Healthcare – Rochdale would review people's care with them and the other professionals involved to ensure that the service continued to meet their needs. One relative told us, "We had a review with the CCG and it was agreed that more hours support would be provided for [relative] so I could have a break once a week. They sorted the extra support out quickly and it means I can visit my mother."

We were told by the recruitment team that they contacted people who used the service or their main carer each month to ask if they were happy with the service provided by Routes Healthcare – Rochdale. This was confirmed by the people we spoke with. Surveys were also sent to people to complete every six months. Any comments received were passed on to the relevant care co-ordinator to action. People we spoke with were very positive about the care co-ordinators and their responses to any feedback that had been given. One relative said, "I can contact [care co-ordinator] at any time; she's very approachable and helpful and sorts out any issue I have." This meant that the person who used the service or their main carer could express their views about the service and whether they wanted any changes to their support.

We saw that systems had recently been introduced to reward staff for providing excellent care. These included a letter being sent directly to staff when the service had received a compliment about that staff member. This was then kept on the staff members personnel file and was used as part of the annual appraisal. Staff could also give a colleague a 'golden ticket' if they thought they had done an excellent job. A quarterly draw was then made with the winners receiving various prizes.

Staff were able to clearly explain how they maintained people's privacy and dignity whilst supporting them with personal care tasks. Staff explained how they would talk to people to explain what they were doing so that they were re-assured. Comments made by relatives on survey forms included, "Staff need to be commended for their caring attitude towards [person who used the service] and other family members" and, "Staff have excellent professionalism and kindness."

We saw from the interview notes held on staff member's personnel files that the interview questions were aligned to the Care Certificate induction standards and sought to assess the prospective staff member's values (for example privacy, dignity, equality and respect) during the interview process. The observations of staff practice completed by the Care Quality Assessor also checked that staff were following these values in practice.

We were told how one person who required support for 22 hours per day chose to lead an unconventional

lifestyle. The staff team who supported them worked in a non-judgemental way to provide the care and support they needed. The service discussed this issue with the staff team and would re-allocate staff to support other people if they were not comfortable working with the person who used the service.

We saw that people kept their care records at their own homes. This meant that they could check what was written in the files. Each file had a copy of the service user guide which contained information about the support provided by Routes Healthcare – Rochdale. A file was also kept securely at the service's office, along with other records relating to the running of the service. This protected the confidentiality of both the people who used the service and the staff.

Good

Is the service responsive?

Our findings

All the people we spoke with, and their relatives, said that the care provided by Routes Healthcare – Rochdale was responsive to their needs. One relative told us, "They responded very quickly when we rang up to arrange support." Another person said, "After our review the CCG contacted Routes Healthcare to ask if they could provide more hours support. They arranged it quickly." This was confirmed by the local commissioning authority who told us that the service was very responsive to requests for support to be arranged.

Routes Healthcare – Rochdale provided a rapid response to requests for support made by the CCG when people wanted to leave hospital to pass away in their own home. We were told that support may be requested to start the same day and could be provided for a few days only for people at the end of their life. In these instances we saw that a temporary care plan provided by the Care Commissioning Group (CCG) was used until a Routes Healthcare – Rochdale care assessment could be completed. The Care Assessor visited the person to complete a full Routes Healthcare assessment. This was person centred and detailed the support to be provided and guidance for staff to follow. The assessment was completed with the person who used the service where possible and their relatives. The care plans included guidance for staff as to what support the person required. If a person was referred from the hospice or hospital more detailed care plans were received.

One staff told us, "Usually there are family members and sometimes a district nurse present when we first visit. We talk to them and the person we're supporting if possible about the support they need." Another said, "We get an email about a person's needs," and, "We can read the discharge note from the hospital as well as the information we are given."

The registered manager told us that the service had access to additional staff if a person required a more specialist assessment. This included a psychologist, a nurse specialising in children's support and a Registered Mental Health nurse specialising in behavioural issues and dementia.

We saw that reviews were completed on a regular basis. Staff told us that they would contact the care co-ordinators if people's needs changed and a re-assessment would be carried out. We saw that the service worked closely with other care professionals such as the district nurses.

We saw that for one person who required 24 hour support the service followed the support guidance provided by the specialist NHS hospital. We saw that the team leader had requested more detail to be provided in the guidance so that new staff could follow the care plans more easily. This also supported staff where a particular task was not required regularly, they could refer to the guidance before completing the task. We saw a comment following a review of the service from the funding CCG, "I was really impressed with the person centred approach that underpins [person who used the service's] care and support.

Staff told us that they would inform the care co-ordinators or manager if they thought that a person's needs had changed. One said, "I tell the office if people need to be re-assessed or need some equipment." Staff

said that the care co-ordinators would contact the CCG or district nurses as required to re-assess people's needs. This should ensure that people's needs were met.

We saw that the service had a complaints procedure in place. This detailed how a complaint would be responded to and investigated. It also included contact details for the Care Quality Commission (CQC) and local ombudsman if people thought that their complaints had not been dealt with satisfactorily by the service themselves. We saw that where complaints had been made they had been investigated and the actions taken to resolve the issue recorded. All the people and relatives we spoke with told us that any issue that they had raised had been dealt with without them needing to make a formal complaint. The local commissioning authority told us that on the occasions where issues have been raised the service has been responsive and worked with the people who used the service and their families to resolve the issue.

Good

Is the service well-led?

Our findings

The service had a registered manager in place. The registered manager was the area manager for Routes Healthcare and supported three branches in total. They had maintained their registration for the Rochdale branch. They are at the Rochdale branch three to four times each week and are available by telephone at other times. The Rochdale branch had had a dedicated registered manager in post but they had left the company in December 2015. A new manager has been appointed and will apply to be the registered manager for Rochdale when they take up their position with Routes Healthcare – Rochdale. A registered manager is a person who has registered with the CQC 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.

All the people who used the service we spoke with, relatives and staff told us that the registered manager, care co-ordinators and other office staff were approachable and supportive. One staff member said, "I can phone the care co-ordinators with anything and they will listen." Another said, "I definitely feel supported; the managers are there when you need them."

Staff told us that they enjoyed working in the service. One said, "This is the best job I've ever had" and another told us, "I love my job; I enjoy coming to work." Another said that they would recommend working for Routes Healthcare – Rochdale as they are a good employer.

We spoke to Routes Healthcare's Clinical Lead. They explained that their role was to undertake audits across the whole of the organisation and also for each branch. They showed us their first audit report which they had recently completed. It highlighted actions the organisation needed to take to further improve their services, with timescales and who was responsible for completing the action identified. This should help to drive continuous improvements in the service provided by Routes Healthcare – Rochdale.

We asked the registered manager what they considered the key achievements of the service to be since our last inspection. They told us that it was building the service that they have, including supporting people with complex health needs and the difference they can make to people's lives.

The registered manager told us that the service does not contract any visits of less than 30 minutes duration. This was because they felt that any visits of less than 30 minutes could not meet people's needs.

We saw that staff at one of the 24 hour services held their own staff meetings. Topics discussed included staff checks of the equipment the person needs, managing and recording the person's money and any staff issues. We were told that the staff completing the short visits on their regular 'runs' communicated by telephone and email. The registered manager told us that all staff visited the office on a Monday to hand in their paperwork and collect any personal protective equipment they need. The registered manager, care co-ordinators and other office staff use this visit to discuss the people the support and any issues the staff may have. We were also told that a staff drop-in session had been organised for staff to go to the office to meet other staff members and discuss any issues with office staff. This was due to be organised each month.

There were a number of quality assurance processes in place in the service. These included monthly MAR sheet checks, training audits, monthly phone calls to people who used the service and annual survey questionnaires.

The service had procedures in place to deal with any accidents or incidents. Accident and incident reports were kept at the service's office. The registered manager reviewed these and ensured that staff could learn from them how to resolve issues in a better way if they re-occurred. We saw that where required the CCG or safeguarding vulnerable adult's team had been notified and informed of the outcome of the investigations. However the service had not notified the CQC of these incidents. This was said to be an oversight. The registered manager compiled a file during our inspection of what incidents needed to be notified to the CQC. They told us they would ensure that all care co-ordinators and the complex care assessor were made aware of the requirements to notify the CQC

We looked at the statement of purpose for the service and saw that policies and procedures relating to practice and management of the service were in place. We saw that these were all up to date and were consistent with regulatory requirements.