

Routes Healthcare (North) Limited

Routes Healthcare

Rochdale

Inspection report

Unit K
Cedar House, Sandbrook Way
Rochdale
OL11 1LQ

Date of inspection visit:
27 October 2023
10 November 2023

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06 December 2023

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Routes Healthcare Rochdale is a domiciliary care agency. It provides personal care to people living in their own houses and flats. It provides a service to older people and younger adults with various needs, including people living with physical disabilities and dementia. At the time of this inspection 151 people were using the service.

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.

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

Care plans were delayed and not in place when people started receiving support from the service. Risks relating to people's health and safety were not assessed when people started receiving support from the service. There was no evidence reviews of people's care were taking place.

Medicines were not always managed safely. Medicine records and auditing processes required improvement.

Governance systems did not always address immediate risks when identified through auditing processes. Some of the audits completed by the service did not contain clear information about the action taken when concerns were identified.

We received mixed feedback from people and their relatives about staff cleaning up after themselves and about staff wearing PPE during care visits.

We received mixed feedback from people and their relatives in relation to staff arriving on time for visits, being notified if staff were delayed and people receiving regular staff members for their visits.

Recruitment checks were robust to ensure staff were suitable to work with vulnerable people. Appropriate staff were recruited and staff had the necessary safety checks in place before starting work.

Staff had received training in safeguarding people. Staff we spoke with were confident on how to report concerns. People were protected from the risks of abuse and staff were trusted to keep them safe.

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.

Staff had received an induction when they first started working at the service, and training relevant to their

roles had been provided. We received mixed feedback from people and their relatives about how trained staff were to deliver care.

Staff knew people well and supported them in the way they wanted. People's views and decisions about care were incorporated in their care plans. People were involved in making decisions about their day to day care. People were treated with dignity, privacy and respect. People's independence was encouraged where possible and elements of the care plan reflected this.

The provider was committed to continuous learning and improving care. The registered manager and staff had a clear understanding of their roles and contributions to service delivery. Staff praised the registered manager and wider management team, they felt supported in their roles.

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

Rating at last inspection

The last rating for this service was good (published 30 August 2018).

Why we inspected

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

Enforcement

We have identified a breach in relation to safe care and treatment.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. 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 not always effective.

Details are in our effective findings below.

Requires Improvement ●

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 not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Routes Healthcare Rochdale

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 and 2 Experts 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 and specialist housing.

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 a registered manager in post.

Notice of inspection

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

Inspection activity started on 27 October 2023 and ended on 10 November 2023. We visited the location's office on 31 October 2023 and 1 November 2023.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used all this information to plan our inspection.

The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection

We spoke with 6 people who used the service and 13 relatives about their experience of the care provided. We spoke with 17 members of staff including the registered manager, quality and compliance manager, care co-ordinators, healthcare assessor, care workers and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records. This included eight people's care records and multiple medication records. We looked at records in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures 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.

At our last inspection we rated this key question good. At this inspection the rating has changed to 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

- Care plans were not in place when people started receiving support from the service. The provider was reliant on staff using the local authority assessments when delivering care, until the service was able to implement their own care plans, which often were delayed by months. The local authority assessments were not always detailed enough for staff to follow. One staff member told us, "Sometimes we go in blind, we have to use our own initiative and common sense [to deliver care]."
- Risks relating to people's health and safety were not assessed when people started receiving support from the service. Staff were completing care visits without necessary risk assessments being in place, such as moving and handling, falls and skin integrity assessments. The provider did implement risk assessments for people, however, they were delayed, often by months.
- The provider failed to take action to address immediate risks. The provider's service improvement team had found concerns about care plans and risk assessment not being implemented as required during one of their audits in September 2023. During our inspection we found existing and new packages continued without the necessary care plans and risk assessments in place.

We found no evidence that people had been harmed, however, the provider had failed to robustly assess the risks relating to the health safety and welfare of people. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider responded immediately during the inspection. An additional staff member had been appointed to support the implementation of care plans and risk assessments. They confirmed care plans and risk assessments had been implemented for all people. The provider's processes had been changed to ensure care plans and risk assessments would be in place prior to any care being delivered.

Using medicines safely; Learning lessons when things go wrong

- Medicines were not always managed safely. One person did not have a prescribed medicine administered for 17 consecutive days as the medicine had ran out. There was no evidence that this had been reported by the staff visiting or followed up. We fed this back to the registered manager who spoke to the GP and they confirmed no harm had been caused. The registered manager safeguarded the incident and took necessary action with the staff members involved.
- Medicine records and auditing processes required improvement. Medication administration records (MARs) were not always complete, recording of prescribed creams was not done consistently, PRN (as and when required medicine) records were not always available and the recording of medicines administered

from blister packs was not robust. When concerns were identified on the provider's monthly medication audit tool, the action taken were not always clear.

- The provider was already aware of the medicine recording issues through a recent detailed audit programme. The provider had taken immediate action to address the concerns and during our inspection we found an action plan was underway, a new medication framework had been implemented, staff training in medication had been revamped and was being delivered, and the monthly medicine auditing system was being improved upon.
- People told us they received their medicines. Comments included, "I get my medication [as needed] and have my [prescribed] creams applied. There are no issues" and, "They [staff] get the medication out of the blister pack for me. I take them in the mornings and evenings."
- Accidents and incidents were recorded and managed appropriately. The provider had a system in place to have an overview of any accidents or incidents, and analyse any trends.

Preventing and controlling infection

- We received mixed feedback from people and their relatives about staff cleaning up after themselves and about staff wearing PPE during care visits. We fed this back to the registered manager who informed us meetings will be held with staff in relation to this and the provider will be implementing a 'you said, we did' strategy as a part of addressing the concerns raised.
- Staff received training in infection control and told us personal protective equipment [PPE] was readily available to them.

Staffing and recruitment

- We received mixed feedback from people and their relatives in relation to staff arriving on time for visits, being notified if staff were delayed and people receiving regular staff members for their visits. We fed this back to the provider who assured us action would be taken to address the feedback.
- Recruitment checks were robust to ensure staff were suitable to work with vulnerable people. Appropriate staff were recruited and staff had the necessary safety checks in place before starting work.
- The provider had systems in place to monitor staffing levels. An electronic system was used to determine staffing levels and deploy staff to shifts.

Systems and processes to safeguard people from the risk of abuse

- Staff had received training in safeguarding people. Staff we spoke with were confident on how to report concerns. Staff told us, "I speak to my co-ordinator and raise any concerns with them. I also keep them updated with any issues I feel I may have come across" and, "I would contact my manager [to report any concerns]."
- People were protected from the risks of abuse and staff were trusted to keep them safe. People told us, "I feel safe. I am happy with the care" and "Yes, I feel safe."

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 outstanding. At this inspection the rating has changed to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law;
Supporting people to eat and drink enough to maintain a balanced diet

- Care plans were developed according to people's needs, however, the implementation of care plans were delayed. The care plans that had been implemented had enough information for staff to follow and meet people's needs.
- People's diverse needs were detailed in their care plans, which included information about their culture, lifestyle choices and daily routines.
- Reviews of people's care were not recorded. The service updated care plans annually or as and when needed, however, the reviews undertaken and the conversations held with people and their relatives were not recorded. The registered manager told us the review form that was in use was suspended, they assured us they would be documenting reviews moving forward.
- Where people required support with their food, the level of support was agreed and documented in their care plan.

Staff support: induction, training, skills and experience

- Staff had received an induction when they first started working at the service, and training relevant to their roles had been provided. A staff member told us, "I had training and an induction. I had to complete all the mandatory and some additional training. I was paired up with an experienced member of staff."
- We received mixed feedback from people and their relatives about how skilled staff were to deliver care. People told us some staff were better in delivering care than others. We fed this back to the provider who assured us concerns raised would be addressed and the feedback would be used to drive improvements.
- Staff had regular training and opportunities for supervision [one to one support sessions with their line manager]. Staff told us, "I have a supervision every twelve weeks" and, "I find supervisions very useful for giving feedback and sharing any issues or ideas I may have."

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

- People's healthcare needs were documented in their care records, including details of how any medical conditions impacted on their daily lives.
- People were supported to manage their oral care.

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.

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.

- Mental capacity assessments and best interest decisions were considered. The local authority provided mental capacity assessments where required, and the provider had their own processes in line with the MCA. People's care plan contained information about people's cognition and decision making skills .
- Staff understood consent, the principles of decision-making and mental capacity. One staff member told us, "Mental capacity assessments in my understanding are to assess whether clients have the ability or competency to make decisions for themselves."

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 we rated this key question outstanding. At this inspection the rating has changed to 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.
- Staff had received training in equality and diversity, and they were committed to ensuring people were treated well.
- Staff knew people well and supported them in the way they wanted. People told us, "I am very pleased with them [staff], they are caring and friendly", "The carers are very friendly" and, "I like to chat [with the staff] because I live on my own, we have a joke."

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

- People were provided with appropriate information about the service. The information included details about what people could expect from the service.
- People's views and decisions about care were incorporated in their care records. This helped staff to support people in a way that allowed people to have control over their lives and make day to day decisions. A person told us, "They [staff] listen to me and they respect me [and my wishes]".
- People were involved in making decisions about their day to day care. A staff member commented, "Our client's choices are always respected. For example, we ask them what they like and prefer. We let them choose what they want to eat for dinner, we ask if they prefer tea or coffee, ensuring they receive their preferred choice."

Respecting and promoting people's privacy, dignity and independence

- People were treated with dignity, privacy and respect. A relative told us, "They [staff] treat [relative] with dignity and respect. They [staff] speak nicely and talk to [relative] whilst they are getting them ready." A staff member commented, "With more independent clients, I wait outside the bathroom whilst they shower or wash, making sure the curtains are closed whilst they get dressed. If the client needs our help then a dignity towel is placed over them."
- People's independence was encouraged where possible and elements of the care plan reflected this. A staff member told us, "We allow them [people] to do any kind of daily tasks they can do [for themselves]. We never take away [skills] or never take over [a task]."

Is the service responsive?

Our findings

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

At our last inspection we rated this key question outstanding. At this inspection the rating has changed to 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

- Care plans were person-centred. For those care plans in place, they provided guidance for staff about how best to support people's needs and preferences. Staff completed daily care records for people, which showed staff were meeting people's individual needs as recorded in their care plans.
- Care plans that were in place included details about people's life history, what is important to them and information about their preferred daily routines. Staff we spoke with demonstrated they knew people well.
- The provider informed us they were on a digital journey and preparations were underway to introduce electronic care planning systems. This would give staff ready access to people's care documentation.
- We received mixed feedback from relatives about whether they felt involved in people's care and whether they were kept updated and informed. We fed this back to the provider who assured us they would engage with people and their relatives on a regular basis to drive improvements.

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 needs were met. Each person's specific communication needs were detailed in their care records and staff had a good understanding of people's communication needs.
- The registered manager understood the Accessible Information Standard. People could request information in a variety of formats in line with needs and preferences.

Improving care quality in response to complaints or concerns

- People and relatives knew how to make a complaint and felt able to raise concerns.
- Complaints had been responded to in line with the provider's complaints policy. There was an up-to-date complaint policy in place and the provider ensured the quality of care could be assessed, monitored and improved upon.

End of life care and support

- People were provided with appropriate end of life care. Staff worked with people, their families and other health and social care professionals to ensure the people's needs were met.
- Care plans included people's end of life wishes.

- Staff told us although end of life training was provided, they would benefit from further training and they had requested this. The provider assured us further training was underway.

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 we rated this key question requires improvement. At this inspection the rating for this key question has remained requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of 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

- Governance systems did not always address immediate risks when identified through auditing processes. As discussed in the 'safe' domain, immediate action was taken to address the risks related to people's care planning and risk assessments.
- Various auditing systems were in place which took place regularly. Some of the audits completed by the service did not contain clear information about the action taken when concerns were identified.
- The provider had developed a service improvement plan, which was underway and regularly reviewed. The plan included details of planned actions and timeframes for completion.
- The provider was committed to continuous learning and improving care. The provider had a service improvement team who were focused on driving improvements. A quality framework had been devised and was due to be embedded into practice. The framework included robust oversight and improved auditing functions and quality monitoring systems.
- Staff praised the registered manager and wider management team, they felt supported in their roles. Staff told us, "[Registered manager] is lovely, they are a good manager, they are supportive and very fair", "The care co-ordinators are brilliant" and, "I feel like a valued member of staff. For the first time in a while I know that if I need anything, even if it is just an ear to talk to, I know [care co-ordinators and registered manager] are there for me."

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

- The registered manager and staff had a clear understanding of their roles and contributions to service delivery.
- Person-centred care was promoted. The registered manager and staff demonstrated a commitment to people, and they displayed person-centred values. People's choices were respected, and staff supported according to their wishes and needs.
- Staff demonstrated their understanding of the values of the service and that people should be at the centre of their care.
- The culture was open and inclusive. Staff said they enjoyed their roles and the relationships between staff and people was positive. A staff member told us, "We are a good team, there is a good atmosphere amongst us, we all get on. We are a family of carers."

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; Working in partnership with others

- The registered manager understood their responsibility to let people and their relatives know if something went wrong under their duty of candour.
- The service worked in partnership with other health and social care organisations and the community to achieve better outcomes for people using the service. There was a good working relationship with commissioners.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People and their relatives' views had been sought through regular surveys and quality monitoring. A survey was conducted in May 2023 where the results were analysed, shared with teams and recommendations were made to drive improvements.
- Staff views were sought through regular contact, meetings, and supervision. Office staff informed us they were unable to manage their workloads which was having an impact on the quality of work they produced. We fed this back to the provider who informed us they were in midst of recruiting an assistant manager to support the workload.
- The provider had implemented an electronic system which allowed staff to access support, advice, share good news stories and recognise good practice.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The provider had failed to robustly assess the risks relating to the health safety and welfare of people.