

Routes Healthcare (North East) Limited

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Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Routes Healthcare (North East Limited) is a domiciliary care agency providing personal care to people in their own homes. At the time of our inspection there were 39 people 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

The management of the service was not always effective. There had been a period of a number of management changes and some staff had felt uncertain during this period. People and their relatives also said that there had been issues with missed or late calls. However, people commented that this had improved recently. The provider was working to put support in place for staff and create a stable management structure.

Quality assurance checks were carried out to ensure people were receiving safe and good quality care. Feedback from staff and people had been listened to. Lessons had been learnt from incidents however they were not always well documented so we couldn't be certain of the impact.

People were safe from the risk of abuse. Risks were assessed and regularly reviewed when people's needs changed. People were supported in positive risk taking.

Medicines were managed safely. The provider employed sufficient staff, who were trained appropriately and recruited safely. Staff worked effectively with visiting professionals and wore PPE to keep people 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.

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

Rating at last inspection and update

The last rating for this service was good (published 14 July 2017).

Why we inspected

We received concerns in relation to management oversight and missed calls. As a result, we undertook a focused inspection to review the key questions of safe and well-led only. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

The overall rating for the service has not changed and remains good based on the findings of this inspection.

We found no evidence during this inspection that people were at risk of harm from this concern. Please see the safe and well-led sections of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Routes Healthcare (North East Limited) 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?

The service was safe.

Details are in our safe 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 (North East Limited)

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

Service and service type

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

Registered Manager

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

At the time of our inspection there was not a registered manager in post.

Notice of inspection

We gave notice to the service of the inspection. This was because it is a small service and we needed to be sure that a member of the management team would be in the office to support the inspection.

Inspection activity started on 1 December 2022 and ended on 19 December 2022. We visited the location's office on 5 December 2022.

What we did before the inspection

We reviewed information we had received about the service. We contacted the local authority commissioning team and safeguarding team for their feedback about the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 4 people and 4 relatives about their experience of the care provided. We spoke with 4 support workers by telephone and interviewed 7 support workers by email. We spoke to the service manager for complex care, a supporting manager, and the quality and service improvement manager. We reviewed a range of records. This included 4 people's care records and multiple medication records. We looked at 2 staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures, were 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. The rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were safe. The provider had policies in place to help keep people safe from abuse. One relative said, "The staff make sure [person] uses his stairlift safely."
- Safeguarding concerns were recorded, reported and investigated appropriately. Staff and managers were confident in their knowledge of safeguarding procedures. The safeguarding policy was accessible to all staff. Staff had completed safeguarding training.

Assessing risk, safety monitoring and management

- Risks were assessed, and actions were put in place to keep people safe. Care plans included information about risks to people and how they should be managed. This included risks around skin integrity, emollient creams, and smoking.
- People were encouraged in positive risk taking, to be able to live their life how they wished to. One person was supported to visit the local pub which was considered a risk but this was managed as safely as possible.

Staffing and recruitment

- There were enough staff to care for people safely. A number of new staff had recently been taken on to support new packages. Incentives were in place to attract staff and retain them, including a new well-being support package.
- The inspection was partly triggered by a number of complaints relating to late or missed calls. Some people and their relatives felt that this had improved recently. However, some felt that the time of calls was not consistent. One person said, "[The staff] have difficulty adhering to call times."
- Staff had been recruited safely, in line with best practice guidance. Appropriate documentation was in place including DBS checks.

Using medicines safely

- Medicines were managed safely. Medicine records clearly detailed what medicines people needed to take and when they needed to take them. 'As and when required' medicines were administered safely.
- Medicines audits were carried out regularly. When issues were identified they were acted upon in a timely manner.

Preventing and controlling infection

- The provider had procedures to promote safe infection control practices.
- The management team carried out spot checks on staff which included checking whether PPE was used appropriately. People and relatives said PPE was used by staff. One person said, "[Staff] wear PPE when they

give me personal care."

Learning lessons when things go wrong

- Lessons had been learnt when things went wrong. However, it was not always clear from records how these lessons were applied across the service. We spoke with the management team about this and they confirmed a new lessons learnt process was going to be implemented imminently to evidence lessons learnt further.

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 good. The rating for this key question has changed to 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; 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

- Staff understood their roles however, there was some confusion around management responsibilities. There was no registered manager in place at the time of the inspection and there had been multiple management changes in the last 6 months. Although the provider was supporting the management team staff felt it was difficult to raise issues and have them dealt with in a timely manner.
- Quality assurance processes such as audits were continuing to be carried out, however they were sometimes delayed due to changes in office staff.
- Management understood the duty of candour and the need to be open and honest. The provider had reported incidents to CQC and other stakeholders where appropriate.

We recommend the provider reviews the management structure and ensures support is available for staff until a stable management structure is in place.

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

- There was a positive person-centred culture. Most staff said they felt the care provided was person-centred and achieved good outcomes for people. However, a number of staff felt that the management of the service was not supportive due to a number of changes in manager in a short period.
- People's care plans detailed their goals which included wanting to live in their own home and being involved in the local community. The management team were proud of successes including helping a person come home from hospital following extensive training to support them safely.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- The service engaged with people and staff to gather their views. Quality assurance surveys were carried out ensure the care they received was appropriate and effective. Lessons had been learned and new processes implemented based on survey findings.
- People's equality characteristics were taken into account when care was planned.
- An action plan was in place to make improvements to the service based on findings from audits and inspection feedback from other services managed by the provider.

Working in partnership with others

- Staff worked effectively with other healthcare professionals. A number of people had multiple healthcare professionals involved in their care. Advice was followed to ensure people received the care that was suitable for their needs.