

Routes Healthcare (North) Limited

# Routes Healthcare Sunderland

## Inspection report

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### 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 Sunderland is a domiciliary care agency providing personal care to people in their own homes. At the time of our inspection there were 38 people using the service. Everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal care, 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

Medicines were not managed safely. People's medicines were not always administered and recorded in line with best practice; we could not always be assured people had received their medicines as records were incomplete.

People were not always supported by trained and competent staff. Not all staff had completed all of the provider's mandatory training, this included safeguarding, medicines administration and moving and handling modules.

People did not always receive care and support from sufficient numbers of staff to keep them safe and meet their needs. There was not always enough staff which led to family members being used to provide care as a contingency plan, this impacted on some people's dignity. One person told us, "I normally have a team of four regular carers, but (staff absences) has impacted on my personal care"

The quality and assurance systems in place were not always effective. Shortfalls identified during the inspection process had not been identified as part of the provider's audits and checks in place.

Care plans were created from holistic assessments. We found care plans were comprehensive and personalised, although they were not always monitored and updated to reflect people's changing needs. People had personalised risk assessments in place, but we found that these were not always reviewed or present.

Comments from people were mixed about the support provided by staff. One person said, "The family were involved initially in the care plan but there has been no review and [Person] has been with the service since March 2021."

Safe staff recruitment procedures were followed. There were appropriate pre-employment checks in place to make sure staff were suitable to carry out their role.

Staff supported people to make decisions following best practice in decision-making. Staff supported people to achieve their aspirations and goals. One person told us, "I couldn't have picked a better package of care, the office continually contacts me to keep me informed."

There were systems for dealing with complaints, safeguarding concerns, accidents and incidents. These helped ensure all incidents would be investigated.

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](http://www.cqc.org.uk)

Rating at last inspection and update

This service was registered with us on 30 November 2020 and this is the first inspection.

Why we inspected

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

Enforcement and Recommendations

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection.

We will continue to monitor the service and will take further action if needed.

We have identified breaches in relation to the safe and proper management of medicines, governance and staffing. This puts people at an increased risk of harm.

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 Sunderland

## **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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

#### Inspection team

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

Inspection activity started on 12 April 2022 and ended on 30 May 2022. We visited the location's office on 19

April 2022.

#### What we did before the inspection

We reviewed the information we held about the service including information submitted to CQC by the provider about serious injuries or events. 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. We sought feedback from the local authority and professionals who work with the service. We used all of this information to plan our inspection.

#### During the inspection

We spoke to three members of staff which included the registered manager. We spoke with three people and eight relatives. We reviewed a range of records. This included four people's complete care records and medication records for four people. We looked at three staff files in relation to recruitment and staff supervision, as well as staff feedback forms. 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.

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

### Staffing and recruitment

- There were not always enough staff to meet people's needs.
- People did not always get their support needs met as staff were sometimes late or visits were missed. One person said, "The carers are not given any travelling time which means they are always late, but I don't get any calls to say they will be late. Recently I have had one missed visit most weeks but again no notice and sometimes when I ring the office, they are not even aware of it themselves."

The service did not ensure there were sufficient numbers of staff deployed effectively to meet people's care and treatment needs. This was a breach of Regulation 18 Staffing of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider has been impacted significantly by staffing shortages to which they have actively promoted recruitment and sought out new staff from neighbouring boroughs. However, at the time of inspection this had still not been resolved.
- Staff were recruited safely by the provider. Recruitment checks had been carried out for staff, this included proof of identity, previous employment references and Disclosure and Barring Service (DBS) checks. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

### Using medicines safely

- Medicines were not always managed safely. We could not be assured people had always received their medicines. For example, medication was not administered for one person 25 times (out of 30) and there were no records present to show why the medicine was not administered.
- We found inconsistencies in how medicines were transcribed on the medicines administration records (MARs) and how staff had confirmed administration. For example, some MARs were not double signed by staff and designated administration codes were not always used properly.
- Some people received topical medicines. We found poor-quality recording for the administration of these. For example, body maps were not completed for staff to follow to show where prescribed creams were to be applied.
- Staff did not follow best practice guidance for medicines administration. For example, we noted staff did not update a person's MAR when medications were missed four times in one month. One person told us, "The carers give me my medication but the Dossett box isn't very clear and sometimes the morning medications are confused with the evening ones."

The provider did not ensure safe medicines management. This was a breach of Regulation 12 Safe care and treatment of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 –

- People felt staff were able to adhere to medication routines. One person commented, "The medicines seem to be on time and the importance of {the routine} has always been adhered to."
- Staff had medication competency assessments in place.

Systems and processes to safeguard people from the risk of abuse

- Safeguarding policies and procedures were in place for staff to follow to protect people from potential abuse. Not all staff had received training relating to identifying abuse and what steps to take.
- People reported feeling safe when receiving their care. One relative told us, "Safe? Absolutely yes, the way they look after [Person] is amazing."

Assessing risk, safety monitoring and management

- Risks people may face were not always fully identified, assessed or had steps in place to mitigate the risk. One relative told us, "[Person] is bed bound until the carers come, but the evening carers don't always leave their mobile by the bed, so they are unable to call for help, even if they need it. If they call the landline, they can't get out of bed to answer it."
- People had individual risk assessments in place, however these did not always provide steps for staff to follow to keep people safe and were not updated to reflect people's changing needs. For example, one person received support with their medicines from a relative because of staffing issues. There was no risk assessment relating to this within the person's care records.
- Incidents and accidents were reviewed by the provider and manager to improve safety. Learning was shared with staff in meetings and across the organisation where relevant.

Preventing and controlling infection

- People were protected from the risk of infection. The provider had up to date infection prevention and control policies and procedures in place to safeguard people and staff from the risk of infection.
- Staff had access to PPE and had received training around preventing and controlling infection.

Learning lessons when things go wrong

- Lessons were learned through investigations into incidents and actions put in place to stop similar incidents occurring.
- The provider has initiated a safeguarding workshop for staff to attend and staff supervisions were completed every three months.



# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience

- People with complex care needs did not receive a consistent level of care due to staffing shortages. One person said they required care 24/7 and required support with their nutrition and hydration, but commented they had, "No trust in the carers as some staff don't understand and some staff don't care."
- We were not always assured people received care from a trained and competent staff team. Training records didn't show that staff had received all of the providers mandatory training.
- People and relatives wanted new staff to shadow experienced staff and be introduced before supporting them however this didn't always happen. One relative said, "Sometimes the carers don't know the routine, this causes them to get very confused. [Person] has a speech impediment which makes them difficult to understand and different carers don't seem to gain an understanding of their speech."
- People and relatives gave mixed reviews about the skills of staff. One relative told us, "They had a stand aid at the house, but it wasn't being used as it seemed staff had not been trained to use it and, currently, they just used a turntable to aid transfers."

The provider did not ensure sufficient numbers of staff were suitably skilled and competent to meet people's needs. This was a breach of Regulation 18 Staffing of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- People had their needs fully assessed and care plans reflected their choices and best practice guidance.
- Staff completed a comprehensive assessment of each person's physical and mental health needs prior to delivering care.
- Care plans included details of a person's short- and long-term aspirations. Some people were conscious of maintaining independence and social inclusion, and their care plans reflected this.
- Care plans for people with complex needs were not always reviewed. The provider has facilitated recording and reporting workshops for staff to reinforce quality and content of people's care plans.

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

- People were supported to maintain a balanced diet.
- We looked at four care plans which had step by step guidance for staff who were supporting people with eating and drinking. The guidance was specific and in depth for everyone's complex needs.
- Staff monitored people's food and fluid intake and if there were any concerns, specialist advice was sought from the person's GP or from the speech and language therapists (SALT).

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

- People were supported to access other healthcare professionals and services.
- The registered manager told us care workers accompanied people or arranged visits to hospitals and appointments with GPs. One relative said, "The carers are lovely and if [Person] has a hospital visit they will come early so [Person] can be ready for transport."

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.

We checked whether the service was working within the principles of the MCA.

- Staff worked within the principles of MCA and followed guidance. Care records showed assessments were completed to check people's capacity and ability to make decisions.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

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

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

- People confirmed staff provided kind and compassionate care. One relative told us, "[Person] has four regular carers. They know them well and treat them kindly and with dignity. They all get on very well."
- Equality and diversity policies were in place to make sure everyone was treated fairly, regardless of their age, sex, race, disability or religious belief and staff followed this.
- People felt supported by staff. One person said, "I have no fault with carers at all."
- Care plans included information about people's diverse needs, such as religious and cultural needs, where relevant.

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

- People's choices and preferences about how they wanted to be cared for were recorded in their care plans. One relative told us, "The family were involved in the initial assessment and we received a call from the new manager to arrange a review but with COVID-19 it was cancelled."
- Care plans showed if a person chose to have a female/male only assistance for personal care.

Respecting and promoting people's privacy, dignity and independence

- People did not always have their privacy, dignity and independence promoted. For example, one person requested staff support with personal hygiene but due to staff shortages this task had to be completed by their relatives. This did not ensure the person's dignity and independence was promoted by the service.
- People's skills and what they were able to do for themselves were recorded in care plans. The registered manager told us they supported people to maintain their independence and be involved where possible.

# Is the service responsive?

## Our findings

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

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

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

- People's support needs varied and there was a clear emphasis on promoting people's choices where possible. Care plans clearly described people's daily routines and the level of support they required. For example, choosing clothes and dressing, what food they liked to prepare, general interests such as tv, what shops they like to visit and indicated any potential risks.
- Care plans were comprehensive and detailed people's health, emotional, behavioural, medical, and mental health needs.
- People did not always receive personalised care that met their needs and preferences. Care plans were not reviewed for some people to show their needs had changed or that planned care was not being received due to staffing shortages. One person told us, "I first started having care in November 2021 but have not had any review since then."

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 care records reflected people's communication needs. For example, if a person struggled to hold conversations, the care plan detailed how staff could support them with this and what language or behaviours might be used to indicate they needed help.

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 supported to participate in their chosen social and leisure interests on a regular basis, for example staff would assist a person accessing shops in the local community on a specific day of the week.
- People and relatives confirmed staff supported them to access activities in the local community.

Improving care quality in response to complaints or concerns

- There were suitable systems for dealing with complaints. People were aware of the complaints procedure and knew who to speak with if they had any concerns.
- Any complaints or concerns received were used by the registered manager to improve the service provided and shared with staff to improve the overall care delivery.

#### End of life care and support

- There was an end of life policy in place and staff had received training around this as part of their induction.
- At the time of inspection no one was receiving end of life care and support.

# Is the service well-led?

## Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection for this newly registered service. This key question has been rated requires improvement because the governance and oversight of the service was inconsistent.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager undertook a range of audits to assess care quality and safety such as supervisions, care plans, environmental risk assessments, rostering and welfare checks on a monthly basis. We found these systems were not always effective as issues identified during the inspection process had not been highlighted as part of these.
- Records relating to people's care were not always completed or present. For example, risk assessments were missing, and care plans had not been reviewed. These shortfalls had not been identified through the quality and assurance systems in place.

The quality and assurance systems in place were not effective and did not identify the issues identified during this inspection. This was a breach of Regulation 17 Good governance of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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 service had a duty of candour policy in place and the provider understood their responsibility to be open and honest when something goes wrong.
- Results from investigations, feedback sessions and audits were used to improve the quality of the service.

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

- There was a positive staff culture which helped to achieve good outcomes for some people.
- The registered manager communicated with people, relatives and staff. Relatives told us the management team were approachable. One relative commented, "The professionalism is great, and we can always speak to the nurse and the manager."
- The provider recognised the achievements of staff and actively promoted the Caring Award to help boost morale and acknowledge good care. The Caring Award is a provider led initiative to recognise the contributions of the staff team.
- People's opinions on the quality of care were mixed. One relative told us, "The agency seemed to be struggling with shortages, though the staff were caring and good at the care they provided."

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
Treatment of disease, disorder or injury	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment  Medicines were not safely managed. Medicine records were not accurate or completed in line with best practice.  Regulation 12(1)(2)(g)
Regulated activity	Regulation
Treatment of disease, disorder or injury	Regulation 17 HSCA RA Regulations 2014 Good governance  The quality and assurance systems in place were not effective.  Regulation 17(1)(2)(a)(c)
Regulated activity	Regulation
Treatment of disease, disorder or injury	Regulation 18 HSCA RA Regulations 2014 Staffing  The provider did not ensure sufficient numbers of staff were suitably skilled and competent to meet people's needs.  Regulation 18(1)(2)(a)