

Routes Healthcare (North) Limited

# Routes Healthcare Leeds

## Inspection report

Turnberry Park Road  
Gildersome, Morley  
Leeds  
LS27 7LE

Tel: 01135324375

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### Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

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 Leeds is a domiciliary care agency providing personal care to people living in their own homes. This includes people living with physical disabilities and learning disabilities. At the time of our inspection the service was providing personal care to 9 people.

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

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

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

#### Right Support:

Information was mostly adapted in line with the accessible information standard.

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.

People were involved in their care and their independence encouraged. Staff knew people's communication style and supported them to make choices about their care and support.

#### Right Care:

Staff cared for people in a kind and respectful way. They had the required skills and experience to care for people and meet their individual needs. Staff worked with other agencies to achieve good outcomes for people.

People were safeguarded from the risk of abuse. Risks to people's health and safety were effectively managed, including Infection Prevention and Control (IPC) risks.

#### Right Culture:

Systems and processes in place to monitor the service were not effective in identifying and addressing areas requiring improvement.

There were enough staff to support people however contingency planning for staff absence was not always robust. Medicines management and care records were not always in place or accurately completed.

People were supported to lead inclusive lives. They were encouraged and supported to access the

community and participate in activities they enjoyed.

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

The last rating for this service was inadequate (published 12 August 2022). The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found that some improvements had been made and the provider was no longer in breach of regulation 12, regulation 13 and regulation 18. The provider remained in breach of regulation 17.

At our last inspection we recommended that the provider review guidance on managing medication safely in the community and take action to update their practice. At this inspection we made a further recommendation regarding medicines management.

This service has been in Special Measures since 12 August 2022. During this inspection the provider demonstrated that improvements have been made. The service is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is no longer in Special Measures.

#### Why we inspected

This inspection was carried out to follow up on action we told the provider to take at the last inspection. We have found evidence that the provider needs to make improvements. Please see the safe and well-led sections of this full report.

You can see what action we have asked the provider to take at the end of this full report.

#### Enforcement and Recommendations

We have identified breaches in relation to good governance at this inspection. Please see the action we have told the provider to take at the end of this report.

We have made recommendations regarding staffing contingency, medicines records and staff meetings.

#### 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 effective.

Details are in our effective findings below.

**Good** ●

### 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 Leeds

## 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

This inspection was carried out by 1 inspector, 1 assistant 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. A manager was in post who was in the process of registering.

#### Notice of inspection

We gave the service 72 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or manager would be in the office to support the inspection.

Inspection activity started on 6 March 2023 and ended on 29 March 2023. We visited the location's office on 6 March 2023.

### What we did before the inspection

We reviewed information we held about the service. We sought feedback from the local authority, professionals who work with the service and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. 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 used all this information to plan our inspection.

### During the inspection

We spoke with 2 people who use the service and 3 relatives about their experience of the care provided. We spoke with 11 staff members including the manager and carers. We spoke with 1 healthcare professional who worked with the service.

We reviewed a range of records including 3 people's care and medication records. We looked at 3 staff files in relation to recruitment and supervision. We reviewed records relating to the management of the service, including policies and procedures, training data and quality assurance records.

# 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 inadequate. 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.

Systems and processes to safeguard people from the risk of abuse

At our last inspection the provider had failed to effectively identify and report safeguarding concerns. This was a breach of regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 13.

- Systems and processes were in place to safeguard people from the risk of abuse.
- Staff had received safeguarding training. They were knowledgeable about reporting different types of abuse and protecting people from harm. Staff told us, "We have things in place to safeguard people from abuse", "We report [safeguarding issues] to the manager" and "We report all safeguarding concerns to the local authority and CQC."
- People and relatives consistently told us they felt the service was safe. Feedback included, "My [relative] can relax knowing I am safe with [staff]. We have complete confidence in them to care for me safely", "We feel completely safe" and "I am absolutely safe."

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

At our last inspection the provider had failed to implement robust systems to ensure safe management of risks to people and demonstrate how lessons learned are shared with staff. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- Risks to people's health and safety were assessed, monitored, and managed safely.
- Staff knew people well. People had detailed risk assessments and care plans, reflective of their care and support needs. This information was regularly reviewed and updated.
- Systems and processes were in place to identify lessons learned following incidents. Information was shared within smaller teams allocated to a person, where the lesson learned had been identified. This meant opportunities for lessons learned were not consistently shared with the full staff team.

Staffing and recruitment

- There were enough staff to meet people's needs however contingency planning for staff absence was not always robust. People and relatives told us, "There aren't enough back up staff", "There isn't always a plan B" and "There are issues with back up if someone goes sick."

We recommend that the provider reviews staffing contingency processes.

- The service completed appropriate staff recruitment checks, including 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

At the last inspection we recommended the provider reviewed current guidance on managing medication safely in the community and update their practice accordingly. The provider had not made enough improvement.

- Medicines were not always managed safely. Some records relating to medicines were not in place or accurately completed.
- PRN protocols were not always in place for "as required" medications. This increased the risk of administration errors. The provider took action to address this at the time of inspection.
- Audits relating to medicines were not always effective in identifying errors found during inspection. Please see the well-led section of this report.

We recommend the provider reviews current systems and processes to ensure robust records relating to medicines management are in place.

- Staff were trained in medicines management and had their competency regularly assessed.
- Policies were in place to support medicines management.

### Preventing and controlling infection

- There were systems and processes in place to prevent and control the spread of infection.
- Staff received Infection Prevention and Control (IPC) training. IPC and COVID-19 related policies were in place to support this.
- Staff had access to appropriate Personal Protective Equipment (PPE).



# 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 requires improvement. At this inspection the rating has changed to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

At our last inspection the provider had failed to ensure that staff were appropriately supported or trained. This was a breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18.

- Staff had the necessary skills and experience to care for people effectively. Most were trained in specific skills to meet people's individual needs. However, some staff caring for a person with a learning disability had not completed training. The provider took action to address this during the inspection.
- People, relatives, and a professional felt that staff had the required skills to provide quality care. Feedback included, "I have been matched with carers who have the expertise to match my specific needs. They have complex care training and are very effective", "They are well trained and very able to look after me" and "Staff supplied are fully competent. They have done really well providing appropriately trained staff for [Name]."
- Systems, processes, and records were in place for staff supervision and appraisal. Staff felt supported in their role. Feedback included, "I have supervision. It's the first company where I have felt heard" and "Supervision is useful they respond to whatever you say and do something about it."

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

- People's nutritional needs were assessed, monitored, and managed however records relating to this were not always fully complete.
- Records for 1 person contained conflicting information regarding their dietary needs and records for another person showed that fluids were not being accurately completed. The provider took action to address this.
- Staff knew how to meet people's individual dietary needs. Feedback included, "[Name] has a PEG feed. I am trained to use this", "I give [Name] a drink of water and need to record it. [Name] likes a bit of fruit before morning medication" and "I have a PEG feed. They know how to do all this and how to use all the equipment and what to do if it goes wrong."

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live

healthier lives, access healthcare services and support

- The service referred appropriately to other agencies and health professionals to provide consistent, effective, and timely care.
- A professional told us, "The relationships they have formed with all external professionals supporting [Name] has been fantastic. They are proactive."

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

- Systems and processes were in place to assess people's needs prior to care and support commencing. Outcomes were identified in collaboration with people, relatives, and professionals.
- People's preferences regarding care were reflected in care records. This included people's likes and dislikes, cultural information, life history and religious needs.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

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

- The service was acting within the legal framework of the MCA. Where people lacked capacity to make decisions, best interest processes were followed.

# 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 requires improvement. 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; Respecting and promoting people's privacy, dignity and independence

- People were cared for and supported in a kind, respectful and caring way.
- People and relatives consistently gave positive feedback regarding staff approach. Comments included, "The carers go beyond caring, there is a depth to their role" and "[Staff] are kind and caring. They have a nice attitude."
- Staff were knowledgeable about maintaining people's privacy and dignity. A relative told us "Staff respect [Name's] privacy and dignity they are very good."
- Staff encouraged people to maintain their independence. This was reflected in care records. Staff knew what people could do independently and supported this. One person told us, "The carers enable me."

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

- People were supported to be involved in their care, where possible. The views and wishes of people and relatives were documented within care records.
- Staff knew people well. They understood people's communication style and were able to offer them choices regarding their care and support. A staff member told us, "I always offer [Name] a choice. What would you like to wear today? What would you like to do today?"

# 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 requires improvement. At this inspection the rating has changed to good. This meant people's needs were met through good organisation and delivery.

### Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- The Accessible Information Standard was mostly applied for people who required adapted information.
- People's care records contained detailed information regarding how staff could support their communication needs and understand them. This included pictures, phrases, and easy read formats. However, information in 1 person's care record had not been adapted to make it accessible to them. The provider took action to address this.
- A relative told us, "[Name] cannot converse but uses different ways to communicate. The carers know what she means, which is brilliant. They use pictures to aid communication too."

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

- Care plans were person centred, reflecting people's needs and preferences.
- Staff were knowledgeable regarding person centred care. A staff member told us, "We make sure care is tailored to [the person] looking at their specific needs."
- People and relatives were involved in planning and developing care. Feedback included, "[Staff] engage in conversations with me to further develop my care needs", "They are responsive and adaptable to [Name's] needs. [Name] understands what is being said and helps as much possible" and "They care for [Name] in a way that [Name] wants to be cared for."

### 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 follow their interests and participate in activities they enjoyed.
- People and relatives told us, "[Staff] helped us to go out as a family. I haven't been to our local city for at least 4 years; it was wonderful. We had lunch out it was a lovely day" and "[Name] is in a wheelchair and loves [staff] coming. They take [Name] to an activity or for lunch out, lots of different things."

### Improving care quality in response to complaints or concerns

- Systems and processes were in place to respond to complaints and make improvements.
- People and relatives knew how to raise a concern and felt that these were responded to. Feedback

included, "I have no complaints but I can ring the office" and "They are open and honest with me and give me an intelligent response."

#### End of life care and support

- At the time of inspection there were no people receiving end of life support.
- The provider had a policy in place to support end of life care. Staff had access to training in end of life care should this be required.

# 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 inadequate. At this inspection the rating 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; Continuous learning and improving care

At our last inspection quality assurance systems were either not in place or robust enough to demonstrate good governance and the provider had failed to ensure learning was used to inform improvements. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 17.

- Quality assurance systems and processes were not always effective in identifying shortfalls and driving improvements.
- The systems in place had failed to identify the concerns found on inspection in relation to consistently sharing lessons learned with staff, staff contingency planning, medicines records, staff training, and care records.
- The manager did not have consistent knowledge and oversight over some aspects of the service. For example, the manager was not aware of the accessible information standard and had not identified the training issues found during the inspection

Quality assurance systems and processes were not effective in identifying errors and improving the service. This placed people at increased risk of harm. This was a continued breach of regulation 17 (1) (2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The service had a manager in place who was in the process of registering. People, relatives and staff knew the manager and felt they could approach her. Feedback included, "I speak to [the manager]. We get on well she listens" and "[The manager] is helpful."
- The provider submitted notifications as required to appropriate agencies, for example, safeguarding concerns were reported to the local authority and CQC.

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

- Systems to engage staff were not always effective. Specific staff meetings were not taking place and staff consistently confirmed this. The provider held small group meetings focussed on people's care packages.

This meant opportunities to discuss general themes and engage as a full staff group were missed.

We recommend the provider reviews systems for staff meetings

- The provider had systems and processes in place for engaging people and relatives, obtaining feedback verbally and via surveys.

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

- The manager and staff created a positive culture at the service which was person centred and achieved good outcomes for people.
- People, relatives and a professional spoke positively about the service and staff. Feedback included, "[Staff] go above and beyond", "The way the carers are set up is just wonderful. They are like family to [Name]", "I can ask anything of [staff]" and "The service they provide [Name] is excellent."

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 manager understood their responsibility under the duty of candour.
- The service worked effectively with other healthcare agencies, for example, Speech and Language Therapists and District Nurses to meet people's healthcare needs.

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	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider had failed to maintain effective systems to assess, monitor and improve the quality and safety of the service.</p> <p>The provider had failed to maintain accurate and complete records.</p> <p>Regulation 17 (1) (2) (a) (c)</p>