

Routes Healthcare (North) Limited

# Routes Healthcare Sunderland

## Inspection report

Regus House  
4 Admiral Way, Doxford International Business Park  
Sunderland  
SR3 3XW

Tel: 01916531128

Date of inspection visit:  
28 April 2023

Date of publication:  
04 July 2023

### Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

Routes Healthcare Sunderland is a domiciliary care provider registered to provide personal care to people in their own homes. At the time of the inspection 17 people were using the service and being supported with personal care.

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

Staff were safely recruited and received an induction followed by training from the provider.

Training was monitored and staff were supported with regular meetings and supervisions. There were enough staff to meet people's needs.

People and their relatives were very positive about the care provided. People told us they felt safe, and staff had the skills to support them. Relatives provided positive examples of how staff had helped improve people's lives since receiving support from the service.

The registered manager had an effective quality assurance system in place. Regular audits and checks were done. These were used to identify relevant actions and lessons learnt. People, relatives, staff and professionals were offered opportunities to provide feedback.

The service was following safe infection prevention and control procedures to keep people safe

Medicines were managed safely. Risks to people were assessed and action taken to reduce the chances of them occurring. The registered manager acted on feedback immediately. People were safeguarded from abuse.

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

The last rating for this service was requires improvement (published 15 July 2022).

### Why we inspected

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

We carried out an announced comprehensive inspection of this service on 19 April 2022. Breaches of legal requirements were found. The provider completed an action plan after the last inspection to show what

they would do and by when to improve staffing, safe care and treatment and good governance.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe, Effective and Well-led which contain those requirements.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Routes Healthcare Sunderland on our website at [www.cqc.org.uk](http://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?

Good ●

The service was safe.

Details are in our safe findings below.

### Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

# 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. 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.

#### 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 a registered manager in post.

#### Notice of inspection

We gave the service 24 hours' 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.

#### What we did before the 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.

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.

During the inspection

We spoke to the registered manager, the operations director, the nominated individual, 2 care staff and 4 relatives. We reviewed a range of records. This included 3 people's complete care records and medication records. We looked at 4 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.

At our last inspection we rated this key question requires improvement. The rating for this key question has changed to good. This meant people were safe and protected from avoidable harm.

### Staffing and recruitment

At our last inspection on the 19 April 2022, we identified instances where there were not sufficient numbers of staff deployed to meet people's needs. This was a breach of regulation 18.

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

- Staff were recruited safely and there was enough staff to safely support people. The provider had made improvements and streamlined care packages to ensure there was sufficient numbers of staff to provide care and support.
- New staff had appropriate pre-employment checks in place which included requesting references and a Disclosure and Barring Service (DBS) check before they were employed. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- Staffing levels were regularly reviewed against people's support needs. People's assessments and care plans reflected this.
- People and relatives told us they were supported by skilled and compassionate care workers. One relative said, "The staff are great, they know exactly what they're doing and they're always on time, we've never had any problems."

### Using medicines safely

At our last inspection on the 19 April 2022, we identified instances where the provider did not ensure safe medicine management. This was a breach of regulation 12.

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

- Medicines were managed safely. The manager carried out regular checks on people's medicines to make sure they were being administered in line with national best practice, the provider's policy and prescribing instructions.
- Staff had received training in administering medicines and had their competencies assessed regularly, we were assured staff were competent in all aspects of medicine management.
- Staff completed people's medicine administration records (MAR) correctly.

#### Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse. Policies and procedures were in place for staff to follow.
- Staff had received training on identifying and reporting abuse and knew what action to take if they identified abuse. One staff member said, "I feel confident in reporting abuse if I ever came across it, I know it would be dealt with seriously."
- People told us they felt safe when receiving their care. One relative told us, "I feel [person] is completely safe with the staff, they really know their stuff."

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

- Risks to people and within the environment were assessed regularly and mitigated. Detailed care plans ensured that care workers were clear on how to deliver safe care to people. One staff member told us, "We review all clients care packages and ensure any changes in their needs are met."
- Risks associated with the safety of the environment and equipment were identified and managed appropriately. For example, those risk assessments covered, fire and trip hazards and risks for care workers using equipment.
- Care workers also confirmed that they received regular updates at meetings with the registered manager on any changes as part of lessons being learned. One care worker said, "There are regular care workers meetings that take place and if there are any changes to care packages, we can discuss them then."
- The management team were proactive when reviewing and learning from things that went wrong in the service. All incidents and accidents as well as safeguarding concerns and complaints were reviewed and where required the provider would carry out a full investigation. Action plans and feedback reflected this learning.

#### Preventing and controlling infection

- IPC policies and procedures had been updated to reflect changes in relation to government guidance linked to the COVID-19 pandemic.
- There were sufficient supplies of PPE and staff had received training in how to use this.
- Procedures were in place to support visits in the home. People were supported to see their relatives to help promote their wellbeing.



# 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 on the 19 April 2022, we identified instances where the provider did not ensure enough staff were suitably skilled and competent to meet people's needs. This was a breach of regulation 18.

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

- The registered manager ensured care workers were given appropriate training and had relevant skills, experience and were suitable to provide care. New care workers received an induction and where possible were introduced to people before they began to deliver care.
- The provider's training matrix showed a high level of compliance for all staff in topics such as medication awareness, basic life support and moving and handling.
- Staff felt supported by the registered manager. Spot checks and supervisions were carried out. One staff member said, "Oh yes I feel supported, we get our supervisions and I'm happy talking to the registered manager if I have any problems."

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. The assessments included information about communication, allergies, medical background, weight, dietary needs, mobility, memory and cognition.
- Staff used recognised good practice and national tools to ensure that people's care was provided appropriately. There was evidence in care plans that they used NICE guidance to assist them with care for example, in relation to moving and handling.
- Care plans contained 'positive behaviour support' information; this included identifying triggers which impacted on people's wellbeing and behaviours, as well as techniques for staff to use to reduce any behaviours which may challenge.
- Staff worked with people in a supportive, person-centred way. Staff engaged with people positively and supported them to maintain their independence through choices and activities.

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

- People were supported to maintain a balanced diet. Where people were at risk of losing weight or

dehydration, food and fluid charts were used to monitor what people ate and drank.

- 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 and access healthcare services and support

- The registered manager and staff worked with health and social care professionals when assessing people's needs, or if their care needs changed.
- Care records included details about people's medical history and ongoing health needs. A record of appointments was kept and there was evidence of collaborative working with healthcare services.

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 <, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.>

- At the time of our inspection, the service was not supporting anyone who lacked capacity to make day-to-day decisions relating to their care. There were systems in place to assess and record people's capacity when required.
- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty.

# 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. The rating for this key question has changed to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

At our last inspection on the 19 April 2022, we identified instances where quality and assurance systems in place were not effective and did not identify issues. This was a breach of regulation 17.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- The registered manager was fully aware of their legal responsibilities and was open and transparent. They submitted notifications to the commission for significant events that had occurred at the service.
- Governance was clearly embedded within the service. The management team had made improvements to risk assessments to include more detailed information, care plans had been streamlined and they 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.
- Staff feedback was overwhelmingly positive regarding confidence in the management team. They told us, "I feel very supported in my role. Management is there for me whenever I need help." And "I feel fully supported in my role; the management team are really approachable."

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 people. One staff member said, "I think we work really hard to make people feel safe and happy, it's a team effort it really is."
- The manager communicated with people, relatives, and staff. Relatives told us the management team were approachable. One relative commented, "I've always been kept up to date with [person's] progress, they tell us everything we need to know."

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, and the provider understood their responsibility to be open and honest if something went wrong.
- Results from investigations, feedback sessions and audits were used to improve the quality of the service.

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

- The provider held team meetings with staff where their views were heard, these included meetings for care staff, senior staff and management. One staff member said, "The office staff go out of their way to ensure everyone is happy in their roles and hold regular staff meetings to ensure staff satisfaction."
- A clients satisfaction survey had been completed in 2022. Feedback was positive and we saw the provider had taken on feedback and suggestions made as part of the survey.

Working in partnership with others and continuous learning and improving care

- Staff worked in partnership with people, relatives and other healthcare professionals.
- Care records showed involvement from other agencies and staff had used the advice and guidance provided to help with people's care planning.
- The service had a quality assurance system which was used to identify positive practice as well as areas for improvement.