

Routes Healthcare (North) Limited

# Routes Healthcare DCA

## Inspection report

Unit 5  
Metropolitan Business Park, Preston New Road  
Blackpool  
Lancashire  
FY3 9LT

Date of publication:  
09 December 2020

Tel: 01253922128  
Website: [www.routeshealthcare.com](http://www.routeshealthcare.com)

## Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

This report was created as part of a pilot which looked at new and innovative ways of fulfilling CQC's regulatory obligations and responding to risk in light of the Covid-19 pandemic. This was conducted with the consent of the provider. Unless the report says otherwise, we obtained the information in it without visiting the provider.

### About the service

Routes Healthcare is a domiciliary care agency based in Blackpool. The agency provides personal care to a wide range of people in their own homes, including adults, children, people with a learning disability and people with mental health problems. At the time of our inspection the service supported 135 people.

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

People were safe using Routes Healthcare. Systems, processes and practices adopted by the service protected people from harm and safeguarded them from the risk of abuse and discrimination. Potential risks were thoroughly assessed, and medicines were managed safely. Particular attention had been given to infection control practices during the pandemic in order to keep those who used the service and the staff team safe. Systems were in place so that lessons were learned when things went wrong.

Robust recruitment practices were in place. The staff team was consistent, and the support provided to people promoted continuity of care. A wide range of training had been provided for the staff team around health and safety matters and safeguarding issues, which helped to ensure people received safe care and treatment. One person told us, "They [staff] did an assessment when I started with them and I generally have the same carers who know what I need. New ones do read it [the care plan] though and follow it."

The management and staff team were open and transparent during the inspection process. A wide range of regular audits and monitoring was taking place. We received very positive feedback about the registered manager and the staff team. One person told us, "They [staff] are definitely well trained. All lovely girls too." Another commented, "I have no concerns about them at all. They are all brilliant." Community health and social care professionals had been involved in the care and support of those who used the service.

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

The last rating for this service was good (published 13 February 2018).

### Why we inspected

This was a planned pilot virtual inspection. The pilot inspection considered the key questions of safe and well-led and provided a rating for those key questions. The ratings for the key questions effective, caring and responsive are those awarded at the last inspection.

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

## 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 well-led?**

**Good** ●

The service was well-led.

Details are in our well-Led findings below.

# Routes Healthcare DCA

## Detailed findings

### Background to this inspection

#### The inspection

As part of a pilot into virtual inspections of domiciliary and extra-care housing services, the Care Quality Commission conducted an inspection of this provider on 14 October 2020. The inspection was carried out with the consent of the provider and was part of a pilot to gather information to inform CQC whether it might be possible to conduct inspections in a different way in the future. We completed this inspection using virtual methods and online tools such as electronic file sharing, video calls and phone calls to gather the information we rely on to form a judgement on the care and support provided. At no time did we visit the provider's or location's office as we usually would when conducting an inspection.

#### Inspection team

The inspection team consisted of two inspectors, a medicines 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 homes.

The service had a manager registered with the Care Quality Commission. 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.

#### Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because we needed to be sure the provider or registered manager would be available to support the inspection.

Inspection activity started on 14 October 2020 and ended on 23 October 2020.

#### Before the inspection

Prior to our inspection we checked all the information we held about the service. This included any notifications the service is required to send to us by law, any allegations of abuse or feedback about the service. We used all this information to plan our inspection.

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection-

We spoke with 14 people who used the service and six relatives about their experience of the care provided. Everyone provided us with positive comments. We spoke with 12 members of staff, including the registered manager and the nominated individual. We reviewed a range of records. These included six care files, medication administration records, three staff files, training records and associated documentation relating to the operation and management of the service.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at 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 the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- The provider had systems and processes in place to protect people from the risk of abuse and discrimination.
- The provider had detailed policies in place which helped to ensure people were protected from the risk of abuse or discrimination. Good reporting systems had been implemented so that all relevant authorities were notified of any allegations of abuse with appropriate action being taken. Relatives felt their loved ones were safe using the service.
- Staff understood how to deal with allegations of abuse and training in safeguarding had been provided.

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

- The provider had developed systems to ensure people were kept safe and free from harm. A range of regular checks had been conducted and risks had been assessed with strategies implemented to reduce the level of potential harm.
- Systems were in place which provided staff with clear guidance about health and safety matters and accurate recording of incidents.
- Managers and staff were trained in health and safety and were fully aware of the importance of keeping people safe.
- Systems had been developed to record incidents and accidents, and actions taken supported lessons learned.

Staffing and recruitment

- People were supported by a consistent staff team, who were fit to work with vulnerable people.
- Safe recruitment practices had been adopted and clear disciplinary procedures were in place.
- Staff felt there were enough care staff appointed to ensure all visits could be covered.

Using medicines safely

- People received their medicines as prescribed. There were systems in place to ensure the safe management and supply of medicines were effective and did not place people at the risk of harm.
- Staff received medicines training and their competencies were assessed regularly to make sure they had the necessary skills to manage medicines safely.
- Staff had not always recorded the quantity of variable dose medicines administered. This meant records did not always accurately reflect the treatment people had received. The management team assured us this would be addressed without delay.
- Specific instructions for the taking of medicines were not always clear. For example, two people were

prescribed a medication which should be taken 30 minutes before breakfast on an empty stomach. However, the Medication Administration Records (MAR) just stated, 'Take one in a morning.' This could result in the person experiencing adverse effects from the medicine, or the medicine not working as intended. We discussed this with the management team who assured us the MAR charts for these two people would be amended accordingly.

#### Preventing and controlling infection

- The provider had systems and guidance in place, which helped the staff team to maintain good infection control practices. They had received relevant training and personal protective equipment was consistently available.
- Specific attention had been given to the current pandemic, so people and staff were protected and kept free from harm. All the necessary guidance, precautions and equipment was available, and the provider had supported staff to be safe in their working day.
- The provider had emergency contingency plans in place and people said they or their loved ones felt safe using the service. Staff told us they were well supported, and people were protected from harm.



# 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 the last inspection this key question was rated as good. At this inspection this key question remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The registered manager and the staff team promoted a positive culture which achieved good outcomes for people.
- People and relatives were all complimentary about the service provided by Routes Healthcare.
- The provider regularly sought a good range of feedback from people and their loved ones, which was consistently positive.
- People were treated equally and their human rights were protected.

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 provider had systems in place, which supported the staff and management team to be open and honest when things went wrong. People told us the service was managed in an open and transparent way.
- Systems had been implemented to ensure accidents, incidents and safeguarding events were managed in an open and honest way, so everyone involved was kept up to date with progress and the staff team learnt lessons from situations when things went wrong. This supported the duty of candour standards.
- Everyone was co-operative throughout the inspection process. They demonstrated good knowledge of the service and the needs of those who used Routes Healthcare. During the inspection information was provided promptly when requested and managers and the staff team demonstrated an open and honest culture had been adopted by the service.

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

- The provider had systems in place which effectively monitored the service. Management meetings were held, and all relevant information was cascaded to the staff team.
- The clinical lead and compliance manager conducted a range of regular audits to check quality and safety. Internal practices were embedded to check on staff performance and management systems.
- The provider had developed compliance reports and action plans in response to the auditing process. This helped the service to identify any areas of risk, to make continuous improvements and to learn lessons when things went wrong.
- Systems had been introduced to help the staff team to provide the care and support people needed. Staff felt they were supported in a positive way by the managers of the service.

- A detailed business contingency plan had been developed to ensure staff were aware of actions they needed to take in the event of an emergency.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- A wide range of information was available for people and staff. It was clear strong links had been developed with families and the local community, as well as health and social care professionals.
- People and relatives provided very positive feedback about the service, the managers and staff team. Surveys had been conducted by relatives and staff members and action plans had subsequently been developed. People spoke highly of the registered manager. One person told us, "It was the manager who came to see me originally. She is very nice and helpful." Another commented, "The manager is brilliant. She always gets back to me and, in fact, they are all marvellous in the office. Nothing is too much trouble."
- A speak out campaign had been introduced, which helped people to have their voices heard and to make their opinions known without the fear of retribution.

Continuous learning and improving care

- The provider had systems to ensure the staff team were continuously learning to consistently improve the care provided. A wide range of updated policies and procedures were available for the staff team.
- People were encouraged to make suggestions about possible improvements or to comment on current practices.
- Team meetings took place and action plans had been developed.
- The operational team distributed a compliance matrix and detailed report, which were discussed at board level. This report sampled areas, such as staff appraisals, supervisions, spot checks and care planning. This helped to ensure records were maintained to a high standard, supervision records were constructive and care plans were of a good quality with any improvements being made accordingly.

Working in partnership with others

- Evidence of partnership working was noted and good working relationships with the community professionals was evident.
- Staff worked in partnership with people and relatives to ensure care was delivered in a way which met their needs.