

Routes Healthcare (North) Limited

Routes Healthcare Leeds

Inspection report

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Ratings

Overall rating for this service

Inadequate 

Is the service safe?

Inadequate 

Is the service effective?

Requires Improvement 

Is the service caring?

Requires Improvement 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Inadequate 

Summary of findings

Overall summary

About the service

Routes Healthcare Leeds is a domiciliary care agency. It provides personal care to people living in their own houses and flats. At the time of our inspection 19 people were receiving a regulated activity. 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 the service and what we found

We were not assured care provided was always safe. Risks to people's care were not fully assessed, planned, or documented. We were not assured people's risks were assessed and we referred our concerns to the local safeguarding team.

We identified widespread shortfalls in the way the service was managed. The provider failed to implement effective processes to assess and monitor the quality of the service and to identify the issues found during our inspection. An example was a failure to disseminate knowledge found from lessons learnt with staff. There were also issues with the management of staffing which included not providing staff with the appropriate support and failing to ensure training was up to date. Care plans lacked detail in relation to specific areas of people's care and needs. We found gaps in peoples documentation.

People and relatives shared positive feedback about the care provided and praised care staff for their kind approach. One person said, "Yes they turn up, they've never missed a call and they're not as late as the others and they will ring me".

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

Rating at last inspection

This service was registered with us on 9 April 2020 and this is the first inspection.

Why we inspected

The inspection was prompted in part due to concerns received about people's safety. A decision was made for us to inspect and examine those risks.

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

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 discharge our regulatory enforcement functions required to keep people safe and to

hold providers to account where it is necessary for us to do so.

We have identified breaches in relation to safeguarding, safe care and treatment, staffing and good governance at this inspection.

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

For adult social care services, the maximum time for being in special measures will usually be no more than 12 months. If the service has demonstrated improvements when we inspect it. And it is no longer rated as inadequate for any of the five key questions it will no longer be in special measures.

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 overall rating for this service is 'Inadequate' and the service is therefore in 'special measures'. This means we will keep the service under review and, if we do not propose to cancel the provider's registration, we will re-inspect within 6 months to check for significant improvements.

If the provider has not made enough improvement within this timeframe. And there is still a rating of inadequate for any key question or overall rating, we will take action in line with our enforcement procedures. This will mean we will begin the process of preventing the provider from operating this service. This will usually lead to cancellation of their registration or to varying the conditions the registration.

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 safe.

Inadequate ●

Is the service effective?

The service was not always effective.

Requires Improvement ●

Is the service caring?

The service was not always caring.

Requires Improvement ●

Is the service responsive?

The service was not always responsive.

Requires Improvement ●

Is the service well-led?

The service was not well-led.

Inadequate ●

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. This was a targeted inspection to check on a concern we had about people's safety and management of the service.

Inspection team

The inspection was carried out by 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

The 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 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.

Inspection activity started on 21 April 2022 and ended on 1 June 2022. We visited the location's office on 28 April and 1 June 2022.

What we did before the 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. We reviewed information we had received about the service, such as details about incidents the provider must notify CQC about, for example incidents of abuse. We reviewed all other information sent to us from stakeholders such as the local authority and members of the public. We used all of this information to plan our inspection.

During the inspection

We spoke with two people using the service and four relatives about their experience of the care provided. We spoke with 12 staff members including the registered manager. We looked at five care records and four medicine records. We looked at three staff files regarding recruitment. We also looked at quality monitoring records relating to the management of the service, such as audits and quality assurance reports.

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 for this newly registered service. We have rated this key question as Inadequate. This meant people were not safe and were at risk of avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- The provider did not have robust safeguarding systems in place. Following our inspection, we made several safeguarding referrals to the local authority as people's care was not managed safely.
- Referrals in response to safeguarding events were not always made and safeguarding concerns were not consistently recorded.
- Not all staff had completed safeguarding training, however the staff we spoke to demonstrated a good understanding of how and when to raise safeguarding concerns.

We found no evidence that people had been harmed. However, the provider's systems in place had not been effective in identifying and reporting safeguarding concerns. This placed people at risk of harm. This was a breach of regulation 13 (Safeguarding service users from abuse and improper treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- Risks to people had not always been assessed or planned to ensure they received care safely. Where risk assessments were in place, these did not always contain accurate or up to date information.
- Staff did not consistently follow guidance when people's risks assessments had been completed.
- Risk assessments to identify and protect people's health needs were lacking. It was not clear what safety monitoring measures were in place.
- The provider had systems in place to identify lessons to be learnt. However, these were not always shared with staff. One staff member told us they would "find information out from other staff or on the grapevine".
- There were no actions to reduce incidents re-occurring. The system in place was ineffective in reducing the risk of potential incidents. For example, one person had three medication errors in one month.

We found no evidence that people had been harmed. However, systems were either not in place or robust enough to demonstrate safe management of risks to people's care or how lessons are shared with staff. This placed people at risk of harm. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staffing and recruitment

- Staff did not always support people for the allocated length of their care visits. The provider monitored call times; however, we found the information recorded lacked consistency and was incorrect.
- Staff and relatives told us they did not think the service had the correct staffing levels. One staff member said, "we don't have enough time".
- Staffing levels were not always appropriately managed. We felt the issues regarding monitoring of call times related to poor governance. Please see the well-led section of this report.

Using medicines safely

- Medicines were not always managed safely. There were gaps in the recording of people's medicines and conflicting or missing information in care plans.
- The medicine policy was out of date.
- Audits of medicines were carried out, but not robustly enough to consistently identify errors. For example, one person's medicine records showed medicine had not been given as prescribed, however this had not been identified in the audit. Following the inspection, the provider demonstrated these issues had been resolved.
- We found no evidence that people had been harmed from medicines errors. We felt the issues regarding the safe management of medication related to poor governance. Please see the well-led section of this report.

We recommend the provider reviews current guidance on managing medication safely in the community and takes action to update their practice accordingly.

- People told us staff supported them with medicine, one person said, "oh, yes they help with my tablets, always the same time every day".

Preventing and controlling infection

- We were assured the provider was effectively managing the prevention and control of infection. Supplies of PPE were available to all care staff and staff were regularly reminded of its correct and safe use. Regular staff testing was completed.
- The provider had policies in place for infection control (IPC) and COVID-19 however, these policies were not up to date.

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

- Not all staff were up to date with mandatory training or had received an induction. This was raised with the provider during the inspection who took immediate action to improve staff training compliance; however, staff's compliance with training remained insufficient.
- Training records we observed showed staff were not always adequately trained in specialist areas, for example, dementia, epilepsy awareness and challenging behaviour.
- The provider could not demonstrate effective support was in place for staff. Although we saw some evidence of staff supervision, staff told us this was not completed regularly. One staff said, "There is no official supervision, the management check in every now and again via telephone."

We found no evidence that people had been harmed. However, we were not assured staff were appropriately supported or trained. This placed people at risk of harm. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff risk assessments were not completed appropriately. During the inspection we found a risk assessment for a staff member which did not correctly highlight the risks. This was raised as a concern during the inspection, and we saw evidence the provider had taken action to update the risk assessment accordingly.

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

- The service was not always delivering care in line with current guidance and law. People's protected characteristics under the Equality Act (2010), such as religion and disability were not documented as part of the assessment process. There was no evidence of discussions with people during reviews of care.
- People's care plans identified general support needs; however, we found information about people's specific health conditions was not identified within people's records.

Supporting people to live healthier lives, access healthcare services and support; Supporting people to eat and drink enough to maintain a balanced diet; Staff working with other agencies to provide consistent, effective, timely care

- Care notes relating to people's nutrition and hydration did not always identify the support people needed. We found gaps in documentation relating to people's food and fluid intake.
- Care plans did not routinely list the health professionals who were involved in the person's care.

- We asked people and relatives if staff met their healthcare needs. One relative said, "Yes they give [them] all the care [they] need."
- The provider told us they maintained regular contact with relevant services such as social workers and pharmacists, we saw evidence of multi-disciplinary involvement in care plans.

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 Act 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.

Where people may need to be deprived of their liberty in order to receive care and treatment in their own homes, the DoLS cannot be used. Instead, an application can be made to the Court of Protection who can authorise deprivations of liberty. This did not apply to anyone receiving this service at the time of our inspection.

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

- Staff received mental capacity act and DoLS training, however not all staff were up to date.
- Consent documentation was not always completed. This was raised as a concern during the inspection, and we saw evidence the provider had taken action to update their practice accordingly.
- Mental capacity assessments and best interest decisions which had been completed were done so with evidence of relative's involvement.

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. We have rated this key question as Requires Improvement. This meant people did not always feel well supported, cared for or treated with dignity and respect.

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

- People and relatives were not consistently involved in planning and reviewing care plans. Feedback from people and relatives was mixed. One relative said, "the care has been discussed with [person] and [they] have had involvement all the way through right from the beginning". However, one person said, "They did a care plan but, I don't feel I have any options and choice and I need help and support."
- The provider contacted people and relatives to ask them for their general feedback about care, but it was not always documented so we could not be sure people's feedback was used to improve care.

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

- People told us they were supported by staff who were kind and caring. Relatives said "[staff] are absolutely brill and always leave [them] clean. They seem kind and respectful and they listen if we say we think [they] needs cleaning."
- All the people and relatives we spoke with told us the care they were receiving was having a positive impact on their lives. One relative said, "[they] really look forward to the visits and it has become one of [their] happiest times of the day."
- Staff were aware of people's protected characteristics and promoted respect when providing support.

Respecting and promoting people's privacy, dignity and independence

- People told us staff always respected their dignity and privacy and promoted their independence.
- Relatives gave us examples of how staff respected people's privacy, for example, when supporting people with personal care staff considered their dignity.

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 requires improvement. This meant people's needs were not always met.

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

- Care plans were personalised to reflect people's care needs. They identified people's specific support needs and preferences.
- People's communication needs were planned in a person-centred way. For example, the service allocated staff to people who spoke the same language.
- People's likes and dislikes were recorded in people's care plans. However, there was no documented evidence of the person being involved with their care plan or care plan review.

Improving care quality in response to complaints or concerns

- The response to complaints were not always clear or in line with the provider's policy. There was some evidence to show complaints were being responded to. We saw evidence the service communicated with people and relatives following complaints.
- We looked at how the service managed and responded to complaints. One person told us, "When I complained last time they just said they couldn't do anything about it as they didn't have the staff and couldn't send anyone. This was the same thing they said all the time so that's why we complained as they couldn't or wouldn't resolve it."
- The issues regarding the management of complaints were related to poor governance. Please see the well-led section of this report.

Meeting people's communication needs; End of life care and support

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's care plans did not detail the support they required with their communication needs.
- Staff told us how they adapted their approach and communication depending on people's hearing and cognitive ability.
- The provider confirmed they supported people who were on end of life care pathways. The care plans we looked at did not contain an assessment of people's end of life wishes to ensure their preferences were met during this important stage of their life.

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 inadequate. This meant there were widespread and significant shortfalls in service leadership. Leaders and the culture they created did not assure the delivery of high-quality 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

- Leadership was inconsistent and there was a lack of managerial oversight. Information we asked the registered manager for during the inspection, which should have been readily available was not easily accessible to us without a delay.
- Staff were not clear about their roles and responsibilities were not always clearly defined. For example, one staff member told us "it can be confusing at times as I don't know the complex clients".
- There were quality improvement meetings within the service however we did not see evidence of actions taken for improving quality.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate good governance. This placed people at risk of harm. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- There was a clear statement of purpose and organisational structure in place.

Continuous learning and improving care; Working in partnership with others

- Audits were not robust or reliable. The provider audited the service on a periodic basis however, the actions did not reflect issues found.
- We found issues raised in the audits were not addressed. For example, the medicine audit identified missing GP details, but this was not actioned.
- The service improvement plan was not robust. Actions did not relate to the issues found. For example, there was no plan to address staff who were not up to date with mandatory training.

The provider had failed to ensure learning was used to inform improvements associated with risk and the provision of people care. This was a breach of 17 Good governance of the Health and Social Care Act 2008(Regulated Activities) Regulations 2014.

- The registered manager told us they maintained good working relationships with partner agencies. This included working with commissioners and health and social care professionals such as district nurses and GPs.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The service did not hold staff meetings. We requested staff meeting minutes and none were provided. Staff we spoke with said they had not attended any staff meeting.
- The service collected feedback from people who used the service and their relatives, however this was not completed consistently for all people.
- The provider communicated with staff through emails. We saw evidence of newsletters sent to staff.
- Staff said the service was well-managed and the manager was supportive. One staff told us "Yes, the company are supportive".
- People and relatives told us the service had improved. One relative told us "Yes they seem to be doing a much better job of managing the service".

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	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment
Treatment of disease, disorder or injury	Systems were either not in place or robust enough safe management of risks to people's care or how lessons are shared with staff. This placed people at risk of harm

Regulated activity	Regulation
Personal care	Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment
Treatment of disease, disorder or injury	The provider had failed to ensure there were robust safeguarding systems in place.

Regulated activity	Regulation
Treatment of disease, disorder or injury	Regulation 18 HSCA RA Regulations 2014 Staffing
	The provider failed to ensure staff were appropriately supported or trained.

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	Records were not always accurate, complete or contemporaneous. We found a lack of evidence of an effective quality assurance process in place to identify the issues found during our inspection and to drive the necessary improvements

The enforcement action we took:

Warning notice