

Routes Healthcare (North) Limited

# Routes Healthcare Manchester

## Inspection report

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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 Manchester is a domiciliary care agency providing personal care to people in their own homes. The service also provides a reablement service and bespoke service to people with physical health needs. The service was supporting 130 people at the time of the inspection, including older people, those living with dementia, people with a physical disability and younger adults.

Not everyone who used the service received personal care. The Care Quality Commission (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 this service and what we found

At this inspection we found the service had taken positive steps and implemented systems to improve the quality and safety of the service provided. However, further work was still required to ensure people received their medicines as prescribed.

Call monitoring of people's support had vastly improved, with better oversight and scheduling of calls taking place. Further improvements in this area were taking place to ensure people's call times lasted the allocated time they were commissioned for.

The management team had started the process of re-assessing people's care planning documentation in order to ensure this fully captured people's needs. Work in this area was ongoing to ensure records were person-centred and people's care tasks were clearly recorded.

When incidents took place, the management team reflected on the events to ensure learning was embedded for future practice. This included sharing experiences in staff meetings and during supervision of staff.

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. A formal process of accessing people's mental capacity was introduced when concerns were identified in regards to people did not have the capacity to consent.

Oversight of complaints had improved, with a clear auditable framework in place. People and their relatives told us they were aware of how to make a complaint and were confident they could express any concerns which would be addressed.

Following our last inspection, the provider completed a full-service review of their training resources provided to staff, in order to improve the quality of training and deliver more face-to-face training. Feedback from staff during the inspection indicated the training on offer was much improved.

People benefited from an improved quality assurance system being in place. This meant the management team and provider had oversight of all the service's functions, including recruitment, training, complaints, and care planning was now more robust. However, these systems needed to be strengthened further to ensure medicines anomalies could be addressed in a timelier manner to drive service improvements.

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 inadequate (published 25 January 2023).

This service has been in Special Measures since 4 January 2023. 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

We carried out an announced comprehensive inspection of this service on 21 November 2022. Breaches of legal requirements were found. We issued two warning notices, and the provider completed an action plan after the last inspection to show what they would do and by when to improve.

We undertook this comprehensive inspection to check they had followed their action plan and to confirm they now met legal requirements.

#### Enforcement and Recommendations

We have identified a continued breach in relation to medicines.

We have made recommendations for the provider to improve their governance processes.

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 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 Manchester

## **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 2 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. The Expert by Experience made telephone calls to people and their relatives.

#### Service and service type

This service is a domiciliary care agency. It provides personal care to older 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 CQC 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 not a registered manager in post.

#### Notice of inspection

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

Inspection activity started on 1 June 2023 and ended on 14 June 2023. We visited the location's office on 1 June 2023.

#### What we did before the inspection

We reviewed information we had received about the service since it had registered with us, including notifications the provider had sent to us. We sought feedback from the local authority. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

#### During the inspection

During our inspection we spoke with 7 people, 10 relatives and 1 professional. We also spoke with the peripatetic manager, quality director, operations director and 26 care staff completed a questionnaire we sent them. We looked at the care records for 10 people and various medicines records. We checked that the care they received matched the information in their records. We looked at records relating to the management of the service, including audits carried out within the service.



# 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.

### Using medicines safely

At our last inspection the provider failed to robustly ensure the safe management of medicines. This was a breach of Regulation 12 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 12.

- Since our last inspection a number of improvements had been made in managing medicines. However more improvement was needed to ensure medicines were managed safely and people's health was not at risk.
- Records about medicines administration were not always accurate and could not always show what medicines people had been given. Some records were still not legible and sometimes staff failed to sign the records, so it was not always possible to tell if medicines had been administered as prescribed.
- People were still not always given their time sensitive medicines (medicines which need to be given at a certain time or day) safely, because the system for managing these medicines was not always effective.
- People's care plans lacked detail about the support people needed for each of their medicines.
- Some medicines which had been prescribed to be taken 'when required' or with a choice of dose did not have information recorded for staff to follow to help them decide if the medicine was needed or to select the most appropriate dose.

The provider had failed to ensure safe systems for the management and administration of medicines. We found no evidence people were harmed at the time of the inspection, however, unsafe management of medicines placed people at increased risk of harm. This was a continued breach of regulation 12 (2)(g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

### Staffing and recruitment

At our last inspection the provider failed to ensure there were effective systems in place to assess, monitor and mitigate risks to the health, safety and welfare of people using the service. This was a breach of Regulation 17 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 17.

- Enough staff were employed to meet people's care needs. The provider had reviewed their staffing levels to ensure there was a sufficient number of care staff to meet the needs of the people using the service. This was helped in part by the service reducing in size and the introduction of the electronic call monitoring software, known as ECM to the service.
- The introduction of ECM was relatively new for the service and steady progress has been made in that short time. However, further work was needed, as we found a number of short calls being delivered to people. The manager was aware of this and was working with individual staff to improve consistency for people.
- Feedback from people and their relatives regarding call times had improved. However, some felt calls could at times be cut short. Comments from people included, "We have absolutely no problems or complaints at all. They [care workers] are always on time and we have a really good team", "They provide all [person's name] care and the times are nearly always absolutely fine with me, if we do notice any time issues we make a quick phone call to the office and it is always rectified quickly", "On the main the carers are good, but some need to improve and have left the call early" and "Most of the time they do a good job and yes they do make me feel safe. Sometimes though I do feel that they rush more than they should."
- The rota scheduling system accounted for travel time between calls. The staff we spoke with told us they had enough time to travel between calls and enough time at each call to deliver the required care and support. Care workers told us, "We do have enough travel time now as things have massively changed over the recent months", "The runs have been organised much better, so the clients are not too far away from each other" and "I really do think we do have enough travel time. I can only say about some of the staffs in the office are amazing and they really do know what they are doing."
- A satisfactory recruitment process was in place. Personnel files contained all the required information to ensure only staff fit for roles were employed. These included criminal history checks. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

#### Learning lessons when things go wrong

At our last inspection the provider failed to ensure there were effective systems in place to assess, monitor and improve the quality and safety of the services provided. This was a breach of Regulation 17 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 17.

- Oversight of accidents and incidents process had improved. The provider introduced a service monitoring database, which ensured any type of incident was reviewed and signed off by the provider and manager for greater oversight.

#### Assessing risk, safety monitoring and management

- The service was better organised to identify risks associated with the service. The service had a risk framework in place which clearly identified the people who were considered to be at greater risk due to health conditions or physical disabilities, this meant their risk assessments were given greater priority during the providers programme of updating all risk assessments and care plans.
- People had detailed information in their care plans regarding their medical conditions. However, further work was needed to ensure this information was personalised for the individual. This was an area the manager was already in the process of changing.
- Risks at the complex service continued to be managed well managed. People's malnutrition and dehydration were well monitored and managed, referrals were made for professional support promptly.



Systems and processes to safeguard people from the risk of abuse

- At this inspection we found there had been a reduction in the number of safeguarding allegations. Staff and the management team provided examples of instances when they had been pro-active in identifying and escalating potential safeguarding concerns to the local authority safeguarding team.
- The provider had a robust oversight of all safeguarding concerns due to the introduction of the monitoring database.
- People fed back to us they felt comfortable and safe at the service. One person's relative told us, "Yes I do feel [person's name] feels safe with their carers."

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.

# 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.

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.

At our last inspection the provider had not consistently acted in accordance with the requirements of the Mental Capacity Act 2005. This was a breach of Regulation 11 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 11.

- Improvements were found at this inspection, as we found the principles of the MCA were now being followed and best interest decisions had been completed when people did not have the capacity to consent. This was clearly documented within care plans we viewed.
- Staff understood the need to respect and support people's right to make their own decisions. People's care records reminded staff of the importance of offering each individual choices in relation to their care.

Staff support: induction, training, skills and experience

- Staff had received key training in line with the organisation's expectations using both face to face and eLearning methods.
- Newly employed staff received an induction relevant to their role and according to their level of experience and professional qualifications. Staff completed the 'Care Certificate' as part of their induction. The 'Care Certificate' is a set of standards that social care and health workers should adhere to in their daily working life.
- New staff were provided with the opportunity to shadow experienced staff until they felt confident to carry

out their role. A record was maintained to demonstrate the outcome of the 'shadow' shifts to ensure staff were competent and skilled. One staff member told us, "I was supervised for my first 4 shifts I shadowed experienced carers before I was working with any other carers, so I felt confident in the role."

- The complex care element of the service continued to provide staff with bespoke training, tailored to the client's individual needs.
- Staff received regular one to one supervision and monitoring of their work performance. This enabled the management team to monitor and support staff in their roles and to identify any concerns or additional training required.
- The majority of staff told us they felt very supported in their role, and they could approach the management team with any concerns or questions. One member of staff felt less supported, and we flagged their concerns with the manager who was responsive with this matter.

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

- Information about the person's dietary requirements were included in their care plan.
- Where required staff helped people prepare meals and made sure people ate food they liked in line with their cultural and personal preferences.
- Staff and management worked with GPs, district nurses, hospitals, occupational therapists and local authorities to provide effective, consistent and timely care.
- People's cultural and religious needs were considered in their support plans, and where possible people and their families were involved in the planning process.

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

- The service revamped their care planning process, which meant essential information such as people's physical, mental and social needs were fully considered prior to accepting any care packages.
- The service had not taken on a new package of care following our last inspection, but the provider felt the service was now in a good position to take on new care packages.

## 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

- People using the service confirmed that staff were kind and caring.
- People and relatives were happy with the staff who supported them and the support they received. One person told us, "They are all very kind and caring towards me, don't worry, if they weren't I would soon tell them." One person's relative told us, "They are all lovely with [person's name] and very caring. They treat [person's name] with respect and one of them will put her chair right next to the bed and try to get [person's name] to sleep. I am really pleased with them all."
- People's religious and cultural needs were recorded in their care plans and staff knew how to meet those needs.

Respecting and promoting people's privacy, dignity and independence; Supporting people to express their views and be involved in making decisions about their care

- People and their relatives told us they now felt involved in their care.
- Regular reviews of people's care were taking place. The provider asked for the views of people using the service and those involved in their care. During the inspection 1 person's relative raised some concerns about elements of their family members care, the manager dealt with this in a sensitive manner in order to improve this person's care.
- People's care plans reflected their strengths and what they could do for themselves in relation to their personal care. One person's relative told us, "They [care workers] are very kind to [person's name] and they encourage [person's name] to do things for themselves, when supporting with personal care."

# 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.

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

At our last inspection the provider had not ensured the care of service users was appropriate, met their needs and reflected their preferences. This placed people at risk of harm. This was a breach of Regulation 9 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 9.

- At this inspection, the majority of care plans had been rewritten and covered a range of care and support needs, communication needs and information about their social histories.
- Although people's care plans had generally improved in terms of detail, there was further work required to ensure care plans accurately captured people's routines and ensured their long-term conditions. The manager provided evidence during the inspection that a new care planning format was soon to be introduced that would improve the way people's needs and preferences were recorded.
- Daily notes were more detailed and provided staff with more comprehensive information about people's daily lives.
- Care plans at the complex care service continued to be detailed and regularly reviewed. Records contained clear information about people's likes and dislikes and any specific needs including in relation to behaviours resulting from anxiety and distress.

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 (AIS). The AIS 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 communication needs and how to ensure they were met were noted within their care plan. The provider had relevant guidance in place to inform staff.

Improving care quality in response to complaints or concerns

- Oversight of complaints had improved.
- Weekly senior management meetings now took place to review the progress of any complaints received.

This meant complaints were appropriately responded to in line with the organisation's policies and procedures.

- Monthly trends analysis took place to establish what lessons needed to be learned and if improvements to the service needed to be made.

#### End of life care and support

- The service was not supporting anyone with end-of-life care at the time of our inspection.
- Progress had been made with care planning people's end of life wishes and preferences in this area. The service worked alongside a charity that specialised in end-of-life care to develop a specialised end of life care service. A steering group was implemented to share learning and best practice. This area was a working progress, but the long-term goal should enable better outcomes for people who are on the end-of-life care pathway.

# 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.

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 the provider had not ensured effective systems were in place to assess, monitor and mitigate risks to the health, safety and welfare of people using the service. This was a breach of regulation 17 (1)(2)(a) 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 17.

- Following our last inspection, the provider had invested additional resources into the service. This including implementing a new quality assurance framework and ensuring senior management roles and responsibilities were clear within the organisation.
- Following our last inspection there had been changes to the management team. A new manager had been appointed and they were working alongside an experienced peripatetic registered manager from the providers other location to assist with improvements.
- The introduction of assistive technology ECM was also an investment made to the service, in order to look at any key themes, such as poor call durations or issues with timekeeping. We could see this approach was driving improvements at the service, however a formal governance system needed to be established to follow up on calls that didn't meet people's commissioned allocated support.
- Since our last inspection the management team worked to improve the culture within the service. For example, records showed the management team introduced more observational spot checks and the training provided to staff was service specific, which meant staff had the necessary skills to care for people.
- Audits undertaken to monitor the quality of the service were in place and included medicines administration record charts and care plans. However, as noted in the safe section of this report, the approach to checking people's medicines records was not wholly effective. The service sampled 20% to 30% of completed medicines records on a monthly basis, this process didn't assist with identifying medicines errors in a timely manner. The management team were keen to address this area further and had implemented a new action plan following our feedback.

We recommend the provider continues to implement robust auditing processes to assess and monitor the quality and safety of the service particularly in relation to safe administration of medicines, ensuring improvements to the quality and safety of the service are sustained.

- We received positive comments from the staff about the improvements, they included, "I am able to make suggestions and I am listened to" and "Yes I feel supported in my role. I have a lot of contact with my office while I'm out in the field I feel like I can approach them [management team] more and they understand how difficult it can be at times."
- The service was continually striving to improve following our last inspection. The service was in the process of creating a new quality evidence-based care and support framework, which would assist with oversight in a number of areas.

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

- There was a friendly, open, positive, and supportive culture throughout the service. Staff told us the management team and care coordinators were approachable.
- The majority of people and relatives we spoke with were happy with the quality of care they received from the service. One person's relative said, "Since [manager's name] took over the agency a year ago everything has really improved. We have no issues at all with them."
- The majority of staff told us they felt well supported in their roles, felt valued and were confident in approaching the management team for support or guidance. One staff member told us, "I find both managers extremely approachable which is rare when it comes to managers in general. I would feel more than comfortable going to either one of them for advice or just to have a chat about something, and I know I would feel reassured afterwards."

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 and manager were open and transparent about the shortfalls found at the last inspection. The provider and manager worked cooperatively throughout the inspection.
- The management team had a clear understanding of their responsibilities to report under the duty of candour. The duty of candour sets out actions the provider should follow when things go wrong and to be open and transparent.

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

- The management team encouraged people and their relatives to feedback on the service provided through various ways. This included verbal feedback during spot checks on staff, conversations held during care call visits, and an annual survey.
- People using the service, their relatives and staff said they were able to give their views about the service. One person told us, "A lady does come sometimes and ask me questions about how it is going. I will say that I am happy with the majority of my carers."
- Management and staff worked in partnership with other agencies including commissioning teams and health and social care professionals. This enabled safe, effective, coordinated care and support for people.
- The service worked effectively with partner agencies. We spoke with colleagues from the local commissioning team who told us the service had been improving and working with them effectively.



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	<p>The provider had failed to ensure safe systems for the management and administration of medicines. We found no evidence people were harmed at the time of the inspection, however, unsafe management of medicines placed people at increased risk of harm.</p> <p>Regulation 12 (2)(g)</p>