

Voyage 1 Limited

66 Dudley Street

## Inspection report

Dudley Street  
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### Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
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

66 Dudley Street is a residential care home providing personal care to five people who have a Learning disability at the time of the inspection. The service can support up to six people.

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

People and their relatives did not always feel engaged or involved with the service and reported a lack of communication between management. Systems in place to monitor quality had not always identified omissions in care records.

People were kept safe by staff who knew how to report concerns of abuse and manage risks. There were sufficient numbers of staff in place and recruitment was ongoing to improve consistency for people. Medicines were managed in a safe way and there were effective infection control practices in place.

People were supported by staff who had received training and supervision. People's dietary needs had been met, and people had access to healthcare services where needed.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People were supported by staff who were kind and caring to them. People were provided with choice and their independence was encouraged.

Staff knew people well and records held personalised information about people's preferences with regards to their care. People had access to social activities that met their interests. Complaints made had been investigated.

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

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 good (published 03 October 2017).

#### Why we inspected

This was a planned inspection based on the previous rating.

#### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## 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 caring?

Good ●

The service was caring.  
Details are in our caring findings below.

### Is the service responsive?

Good ●

The service was responsive.  
Details are in our responsive findings below.

### Is the service well-led?

Requires Improvement ●

The service was not always well-led.  
Details are in our well-Led findings below.

# 66 Dudley Street

## 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 Care Act 2014.

#### Inspection team

The inspection was carried out by one inspector.

#### Service and service type

66 Dudley Street is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

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

This inspection was unannounced.

#### What we did before the inspection

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. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

#### During the inspection

We spoke with two members of staff, a senior carer and the area manager. We reviewed a range of records. This included two people's care records and multiple medication records. A variety of records relating to the

management of the service, including policies and procedures were reviewed.

After the inspection –

We spoke with four relatives to gain their feedback on the support provided at the home. We sought further clarification from the provider based on the feedback given. This included reviewing staff rotas', complaints, and weight 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

- There were systems in place to safeguard people from the risk of abuse. Staff had received training in how to safeguard people and could confidently explain their responsibilities in relation to this. One staff member told us, "If I had a concern, I would go straight to the shift leader or manager and record everything."
- Where incidents had occurred, the registered manager had reported these appropriately to CQC and the local authority safeguarding team.

Assessing risk, safety monitoring and management

- The registered manager had identified risks to people's safety and assessed these, providing guidance to staff on how they should reduce these risks where possible. For example, where people had been diagnosed with Epilepsy; there were clear management plans detailing how staff should support people throughout a seizure. Staff knowledge reflected the information held within these records.
- Staff knew the actions they should take in the event of an emergency such as fire.

Staffing and recruitment

- Relative's did not always feel there were enough staff to support their loved ones and reported an inconsistency within the care team. One relative told us, "The turnover of staff is unbelievable," and other added, "There is a high staff turnover, [person] is meant to receive 2:1 support but doesn't always get this." Staff we spoke with also felt that staffing had been an issue. One staff member reported, "Most of the time there is enough staff, but in the last few months, there has been some issues."
- There were enough staff to meet people's needs during our visit. People had their assessed number of staff with them, and people were seen to be accessing the community as they wished.
- We shared the feedback around staff consistency with the registered manager following the inspection. They told us a number of staff had left the service in the previous 12 months but at present, they had the required numbers of staff. Recruitment was ongoing to improve staffing numbers and we saw interviews taking place. The area manager told us, "We do get a higher turnover of staff, but that's because this is a difficult job. It is not for everyone."
- Staff had been recruited safely.

Using medicines safely

- People were supported to take their medicines in a safe way. Staff had been trained in administering medicines and had their competency assessed annually.
- Records indicated people had received their medicines as prescribed. Medication Administration Records had been completed accurately and numbers recorded on this reflected what was held in stock.

- Where controlled drugs were administered, the Controlled Drugs recorded was not always completed in the safest way. The record had not always been signed by two members of staff. The senior staff member informed us this had been identified by the management team in January 2020 and staff had been spoken too in response. Since January, the recording of controlled drugs had improved and we saw that all entries had been signed by two staff members.

#### Preventing and controlling infection

- There were systems in place to control the spread of infection. Staff had received training in this area and were seen to be using personal protective equipment such as gloves and aprons. The home was kept clean, tidy and free from odour.

#### Learning lessons when things go wrong

- The registered manager had systems in place to learn lessons when things go wrong. Where accidents or incidents occurred, action taken was recorded and an analysis of these took place to make improvements where needed.



# 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 the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs were assessed prior to them moving into the home. These assessments took place to ensure the provider was able to meet people's needs and looked at people's medical history and current needs / abilities. These assessments took into consideration any protected characteristics under the Equality Act; including religion and sexuality.

Staff support: induction, training, skills and experience

- Staff told us they had received an induction that included completing training and shadowing a more experienced member of staff. New care staff were also enrolled on the Care Certificate. The Care Certificate is an identified set of standards that care workers must adhere too. Staff confirmed their training was refreshed annually.
- Staff had opportunity to develop their skills and knowledge by undertaking additional training. One member of staff told us, "Whenever I have supervision, they ask if there is any training I would like. I asked for Makaton training and they got it for me."

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

- Relatives gave mixed feedback when asked about the food their loved ones were provided with. One relative told us, "I have been there and eaten with [person]. Some staff can't cook but the majority of staff are very good. I know that they give choices of meals." However, another relative said, "Some of the meals I have seen, I wouldn't eat."
- People were encouraged to eat at times that suited them. We saw people eat a variety of meals at different points throughout the day. This demonstrated that people had choice and control over their diet.
- Where people had specific dietary requirements, these were recorded, and staff demonstrated an understanding of these.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- We received feedback one person had not received the support they needed to access dental services. We raised this following the inspection with the registered manager who sent us additional documents to show that they were actively trying to resolve this delay in dental treatment for the person, and that appointments had been attended and future appointments booked.
- Records indicated that people had been supported to access other healthcare services as needed. Records showed people had seen epilepsy nurses, GP's and hospital consultants.

Adapting service, design, decoration to meet people's needs

- The design and décor of the service met people's needs. Rooms had been adapted to meet people's individual requirements. For example, one person had their own living area as they did not always like to be around others. People's rooms were decorated with items of personal significance to them and there were accessible, spacious outside areas for people to spend time in.

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.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Staff had received training in MCA and understood the importance of obtaining consent. Staff demonstrated how they ensured people who could not verbally communicate were able to give consent to support. One staff member told us, "I always ask in the first instance, if they cannot say, they will show me in another way. For example [person] will clap hands if they are happy with you."
- Where people lacked capacity to make decisions, the MCA had been followed. Best interest decisions were specific and recorded in people's care files. Where DoLS applications were required, these had been applied for appropriately.

# 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 the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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

- Relatives told us that individual staff demonstrated caring values towards their loved ones. One relative said, "Most of the staff are very good, they have had some wonderful staff." Another relative added, "The majority of staff are caring. [Person] is very well looked after, actually quite spoilt here."
- Staff had clearly built friendly relationships with people. We saw staff laughing and spending time with people throughout the day. People were visibly relaxed in staff company and would seek staff out to spend time together. One staff member shared their takeaway with a person they were supporting.

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

- Staff demonstrated how they ensured people had choice. One member of staff told us, "We always ask people what they want. For example [person] we will ask what they want for their breakfast and whether they want to prepare this themselves. They sign their response to us so we know what they prefer"
- We saw people being supported to make choices. Some people could not verbally communicate. In these instances, we saw staff explain the choices in a way the person would understand. For example, people were asked where in the home they would like to spend their day, and what they would like to eat.

Respecting and promoting people's privacy, dignity and independence

- People's independence was encouraged. One staff member said, "I always prompt and encourage people to do things themselves. I would never just go and do something for someone. [Person] makes their own sandwiches and we encourage that." Records reflected the importance of independence and clearly indicated what tasks people were able to complete without staff assistance.
- People's dignity and privacy was respected. Staff were seen knocking on people's bedroom doors before entering their room. Where once person had a sensory impairment that meant they could not hear staff knock the door, a visual alarm was set up that would flash in the persons room to alert them that staff would like to come in. We saw staff use this and wait for a response before entering the room.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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

- Relatives told us staff knew people well and staff were able to demonstrate this. Staff spoken with were able to confidently tell us about people's life history, current interests and favourite foods.
- Records held personalised information about people; including any preferences they had with regards to their care. For example, records reflected where people only wanted female carers. Where this was recorded, we saw this was being respected and the person had female staff with them.

Meeting people's communication needs

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.

- The provider was meeting the accessible information standard. Where people had sensory impairments such as hearing loss, staff had been trained in British Sign Language and were seen to be confidently communicating with the person in this way. Technology was used to support communication, including visual alarms to let the person know when staff wanted to enter their room. Care plans held personalised information about people's communication needs.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Relatives gave mixed feedback when asked about the activities available for people. One relative said, "No, [person] doesn't go out. Mainly because there are no drivers." However other relatives said their loved one did get opportunity to go out. One relative added, "[Person] goes out every day. They even go out for meals and they never would have done that before [moving here]."
- We saw people going out throughout the day. Some people attended day centres, whilst others went out to local parks. The area manager informed us that people had been supported to go on holidays to destinations such as Blackpool, and that the provider was looking to support people to go further afield in future.

Improving care quality in response to complaints or concerns

- Relatives said they did not always receive any feedback when complaints were made. One relative told us, "We have made complaints and nothing happens. They say under GDPR they can't share anything with us so I never get an outcome." However other relatives told us their complaints were handled in a responsive way. One relative said, "I would be the first to say if there was a problem, but there's not. [Registered Manager]"

involves us and talks to us."

- We looked at records held in relation to complaints. We saw that complaints had been investigated and the registered manager sent us details of the communication with complainants in relation to these.

End of life care and support

- No-one living at the service required end of life support. The area manager informed us that plans would be put into place for people should this be needed.

# 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 has now deteriorated to Requires Improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- Relatives did not always speak positively about the management of the service, or feel that it was well led. Comments made included, "Not really happy with the care. Don't think they look after people like they used to. The last three years it has changed," and, "No I am not happy at all, we have had a lot of issues."
- Other relatives spoke positively and gave comments such as, "Never had such wonderful care. We keep a close eye on things and couldn't be happier," and, "On the whole, I am 97% happy with Dudley Street."
- Feedback from relatives indicated there were ongoing concerns around communication from management. Some relatives told us they were not kept informed of their loved ones well-being or key aspects of their care and support. We raised this with the registered manager, who informed us that a new policy had been implemented around data protection and they were no longer providing copies of people's care records to relatives. However, the registered manager informed us relatives were able to visit or telephone the home and verbal updates would be provided. The registered manager acknowledged this had caused some upset amongst relatives and was working on addressing this with them directly.

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

- Relatives told us they did not feel engaged with the service and feedback they gave was not acted upon. Comments made included, "I did have a questionnaire from them recently but I didn't bother filling it in this time, there's no point. The last manager used to have regular meetings, but they never have anything like that anymore" and, "We have questionnaires on a regular basis. I don't know what they do if I'm honest, I send it back and that's the last I hear of it."
- Questionnaires had recently been sent to people, relatives, and staff for feedback. There had been a low response to these questionnaires, but those received back were mostly positive. Where areas for improvement had been suggested, these were being acted upon. For example, where suggestions had been made for a sensory room, this was being actioned. However, further work was required to ensure people were kept informed of the outcome of these surveys.

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

- There were systems in place to monitor quality. This included audits based on CQC's five key questions. We saw where areas for improvement were identified, these had been acted upon. However, these systems

had not consistently identified omissions in care records or where records had been written in a way that did not promote people's dignity. The area manager began to address this within the care records immediately. We also found that the most recent, up to date, Positive Behaviour Support plans were not accessible in one person's records. The area manager addressed this and ensured a support plan was in place the same day.

- The provider had met the regulatory requirements of their role. They had submitted notifications to us when incidents occurred and their most recent inspection rating had been displayed in the home as required.

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 understood and had met the duty of candour. Where incidents had occurred or concerns raised, these had been shared with the relevant agencies. Records showed that relatives had also been informed where incidents had occurred.

Continuous learning and improving care; Working in partnership with others

- The local authority had recently completed a number of audits at the service. This included Health and Safety. Where these audits had identified areas for improvement, we saw that provider was working with the local authority to make these improvements.