

Mrs Susan Clay

University Care 3

Inspection report

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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?

Good ●

Summary of findings

Overall summary

About the service

University Care 3 is a care home registered to provide accommodation and personal care for up to five people in one adapted building. The service supports people living with learning disabilities, complex needs and mental health needs. At the time of our inspection three people were living at the service.

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

People received their prescribed medicines on time and staff received training to ensure they managed medicines safely. There were enough staff to provide support to safely meet people's needs. People were protected from the risk of harm and staff understood how to recognise potential abuse and what action to take to keep people safe. Staff had been recruited safely.

People made choices about how they wanted to be supported and how they liked to spend their time. Staff supported people to make choices about their care and their views were respected. People and their advocates were involved in the planning and reviewing of their care. Where people had concerns, they were supported to voice these and management responded and acted upon any concerns voiced.

Systems were in place to assess, monitor and improve the quality of the service. People told us they felt their views were listened to in order to improve the service. The registered manager worked in partnership with other professionals to ensure people received the care they 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. Where their liberty was restricted, this had been identified and action taken to ensure this was lawful. People received support and had access to advocacy and health care services. Staff received training to ensure they could work effectively in their roles.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right Support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

The service was able to demonstrate how they were meeting the underpinning principles of Right support, right care, right culture. People's support focused on them having opportunities to gain new skills and become more independent. People were supported to make positive decisions in order to improve their outcomes.

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 09/11/2020 and this is the first inspection.

Why we inspected

This was a planned inspection since the service registered with us.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

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?

Good ●

The service was well-led.

Details are in our well-Led findings below.

University Care 3

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.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by one inspector.

Service and service type

University Care 3 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

We gave the service 24 hours' notice of the inspection. This was because the service is small, and people are often out, and we wanted to be sure there would be people at home to speak with us.

What we did before the inspection

We reviewed information we had received about the service since they registered with us. We sought feedback from the local authority 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 one person who used the service about their experience of the care provided. We spoke with two members of staff including the registered manager and a support worker.

We reviewed a range of records. This included two people's care records and their medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including quality assurance records, policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data. We spoke with two further members of staff.

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. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Systems were in place to protect people from the risk of abuse.
- Staff received training in safeguarding and knew who to report safeguarding concerns too.
- Safeguarding incidents were reported, and appropriate action taken in order to protect people from the risk of abuse. For example, we reviewed a safeguarding incident where a person failed to return home after accessing the community. This was reported appropriately, and action taken to prevent the incident reoccurring.

Assessing risk, safety monitoring and management

- Risks were assessed, managed and monitored.
- Risks associated with people's individual needs had been assessed and actions implemented to mitigate known risks.
- Safety monitoring processes in place protected people from risk of harm. For example, the provider had a system in place to ensure essential safety checks such as gas safety were carried out and maintained.

Staffing and recruitment

- There were enough staff on duty to meet people's needs safely.
- People told us there were enough staff on duty to keep them safe. For example, one person told us, "Staff know us all well, they work with me and they are always there when I need them."
- Staff were recruited safely. Checks were completed to ensure staff were suitable to work at the service. Checks included obtaining and reviewing references of the staffs' characters and their suitability to work with the people who used the service.

Using medicines safely

- Medicines were managed safely.
- Medicines were stored safely and administered in line with best practice guidance.
- Medicine administration records had detailed information about allergies and how people liked to take their medicines. The system for managing medicines ensured people were given the right dose at the right time.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.

- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

Learning lessons when things go wrong

- Lesson were learnt, and action taken following incidents.
- Following incidents surrounding admissions into the service the registered manager had implemented a new admission process to ensure people who lived at the service were compatible. This meant these incidents were not repeated.
- Incidents and their outcomes were shared with staff for lessons to be learnt.

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 good. 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 physical, mental health and social needs were assessed. People's varied cultures were fully considered, and care was delivered according to their choice.
- Care plans were updated as people's needs changed. For example, when one person's social needs changed this had been updated immediately with clear information for staff.
- People we spoke with said they had been involved in the creation of their care plan. For example, one person told us, "They always ask me what I need and what I want and then they write it down so all staff know."

Staff support: induction, training, skills and experience

- Staff had a detailed induction programme and ongoing training to ensure people were supported safely.
- Staff felt supported by the registered manager. Staff told us, "The training is excellent and support from the manager is fantastic, it's the best place I've ever worked, the mentorship I have had has been excellent."
- Staff were encouraged to learn new skills and update their knowledge to ensure they knew how to support people safely.

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

- People were supported to eat and drink in order to maintain a balanced diet.
- Care plans contained information on people's individual dietary requirements. For example, where a person followed a specific diet this was clearly documented within the care plan.
- People were offered choice in what they would like to eat, or drink and menus were developed with people considering individual likes and dislikes.

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

- People's health needs were managed safely and effectively.
- People were referred and visited by healthcare professionals when extra advice or support was required. Care plans detailed when advice had been sought and updated to reflect the guidance.
- People told us, "The staff here really help me if I need anything, they'll phone the Dr or social worker for me, they do everything they can to help me."
- Care plans detailed people's oral hygiene needs and staff supported them to access dental care.

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

- The premises and environment had been adapted to meet people's needs, risks associated with the environment had been assessed and action had been taken to reduce these risks. For example, one person had specific room requirements in order to keep them safe, the service ensured this was carried out and documented in their care plan.
- People were encouraged to spend time in the communal spaces and garden. The home was decorated in a modern style, homely and maintained to a high standard.

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 received training in the MCA and DoLS and demonstrated they were aware of their responsibilities in regard to this.
- Where restrictions were identified DoLS applications had been made to ensure these restrictions were lawful. People were offered support through independent advocacy services and were supported to contact these services by staff at the home.

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. This key question has been rated 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

- The registered manager and staff were motivated and passionate about delivering care which was kind and compassionate. All staff knew people well.
- People had good relationships with staff. People told us, "The staff here feel like my friends, they really are caring, nothing is too much trouble, they want the best for us."
- Staff received training surrounding equality and diversity and ensured this training was put into practice.

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

- Care plans we reviewed demonstrated people had been involved in making decisions about their care and our observations supported this. We observed staff asking one person if they wanted to leave their bedroom and when they declined staff respected their choice.
- Staff told us people were always involved in decisions surrounding their care. Staff told us, "People are always supported to express their views. We encourage them to have a private discussion with us around their care."

Respecting and promoting people's privacy, dignity and independence

- People were always treated with dignity and respect.
- People's privacy was maintained. For example, whilst touring the home staff always knocked prior to entering rooms and requested consent to enter, where a person asked staff not to enter this was respected.
- People told us staff supported them in maintaining and increasing their independence, "Staff are helping me try and get on a college course, so I have something to focus on, they encourage me to reach my goals."

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 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

- People received personalised care and support shaped on their needs and preferences. The registered manager was passionate about providing high quality personalised care.
- Care plans were detailed and provided information about how staff could best support people. For example, one person who required some support with hygiene needs in order to maintain their safety had a detailed plan in place.
- Care plans had been updated as people's needs changed.

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.

- People's communication needs had been fully assessed and documented within their care plans.
- Information was available in varied formats such as easy read, this included people's care plans if this was an identified need.
- Staff knew how to communicate effectively with people. Staff told us, "Each person has a different level of understanding, so we alter our communication methods in order for us to best support them."

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

- People were supported to choose and engage in a range of activities that were socially and culturally relevant to them.
- The service had recently supported people to go on holiday, one person told us, "We've been away on holiday this year, it was great especially after COVID, we loved it."
- People had the opportunity to undertake educational activities. One person told us the service were supporting them to seek out further education courses.

Improving care quality in response to complaints or concerns

- Complaints were documented and investigated appropriately.
- People told us they felt confident to raise concerns, one person said, "I would speak to the manager if I had any issues, I know (the manager) would listen and make things right."
- Information was available in accessible formats which explained how to make a complaint.

- Following historical concerns being raised by the local authority the registered manager and staff had implemented several changes to improve the quality of care. For example, care plans and compatibility assessments had all been changed which had resulted in a significant decrease in the number of incidents at the service.

End of life care and support

- No one was receiving end of life care at the time of the inspection. However, there was a policy in place which detailed actions staff should take if a bereavement occurred.

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

- People were happy with the service, staff and people spoke highly of the registered manager and the positive impact they had on the service. One person told us, "It's a nice place to live, it's changed since [the manager] took over, [the manager] is fully aware of my goals and is supporting me with these."
- The registered manager and staff promoted an inclusive environment and welcomed feedback from people. Easy read questionnaires were sent out to all people living at the service every three months in order to receive feedback. Actions were completed following these in order to improve the outcomes for people.
- Staff surveys and regular supervisions encouraged staff to provide feedback in order to drive service improvement. Staff told us, "I have never worked anywhere that listen to staff like here, we are a real team, we all have an opportunity to make a positive impact on people."
- The provider's policies and processes promoted inclusion and diversity.

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 registered manager understood their responsibility to be open and honest with people and acted appropriately when things went wrong.
- The registered manager promoted honesty and mutual trust throughout the service in order to both improve the service and outcomes for people.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The manager understood regulatory requirements. They were aware of their responsibility to notify CQC of certain incidents. Our records evidenced that we received notifications appropriately.
- The registered manager had a system in place to improve the quality of the service. Quality checks were in place and consistently completed. If issues were found appropriate actions were clearly documented in order to prevent further occurrence.
- The registered manager had increased the number of quality assurance checks since starting at the service. For example, they implemented and increased quality checks on care plans. This improved the quality of care plans and equipped staff with the correct up to date information for them to safely deliver care.

Working in partnership with others

- The service referred to health and social care professionals and implemented their advice into care plans in order to improve outcomes for people.
- The local authority feedback was positive about the service and the changes implemented and attitude of the registered manager; they had worked well on an action plan in order to continually improve the service for people.