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University Care

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 

Overall summary

This inspection took place on 2 September 2015 and was unannounced. University Care provides accommodation and personal care for up to three people with a learning disability. On the day of our inspection two people were using the service.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People were safe living at the care home and staff understood their responsibilities to protect people from the risk of abuse. Action was taken following any incidents to try and reduce the risks of incidents happening again. People received their medicines as prescribed and they were safely stored.

Summary of findings

There were sufficient staff to meet people's needs and provide support in a timely manner. Effective recruitment procedures were operated to ensure staff were safe to work with vulnerable adults.

Staff were provided with the knowledge and skills needed to care for people effectively and staff felt supported by the registered manager. People received support from healthcare professionals when needed and staff followed the guidance provided. People had access to sufficient quantities of food and drink and were able to choose the food they wanted.

The Care Quality Commission (CQC) monitors the use of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). We found this legislation was being used correctly to protect people who were not able to make their own decisions about the care they received. We also found staff were aware of the principles within the MCA and how this might affect the care they provided to people.

Positive and caring relationships had been developed between people and staff. Staff understood the different

ways people preferred to communicate and ensured people's views were taken into account when making decisions about their care. People made many day to day choices independently. Staff treated people with dignity and respect and staff ensured their privacy was respected.

People were provided with support that was responsive to their changing needs and personal preferences. There was a wide range of activities available which people enjoyed taking part in. A clear complaints procedure was in place although no complaints had been received because the registered manager dealt with any issues as they arose.

There were systems in place to monitor the quality of the service and these were well utilised, resulting in improvements being made. The registered manager led by example and staff felt able to speak with them about any concerns. There was an open and honest culture in the home.

Summary of findings

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 safe.

People received the support required to keep them safe and reduce risks to their safety.

There were sufficient numbers of staff to meet people's needs.

People received their medication when required and it was stored and recorded appropriately.

Good



Is the service effective?

The service was effective.

People were cared for by staff who received support through training and supervision.

People were asked for their consent prior to care and support being given.

People had access to sufficient food and drink and access to healthcare professionals such as their GP and dentist when needed.

Good



Is the service caring?

The service was caring.

People were cared for by staff who had developed positive, caring relationships with them.

Staff took account of people's views and involved people in making decisions.

People's privacy and dignity was respected.

Good



Is the service responsive?

The service was responsive.

People received the support they required and staff responded to changes in their needs. There was a wide range of activities which were individually tailored.

People were supported to make a complaint and there was an appropriate procedure in place to respond to complaints.

Good



Is the service well-led?

The service was well led.

There was an open and transparent culture in the home.

The registered manager led by example.

Systems to assess the quality of the service were well embedded and resulted in improvements.

Good



University Care

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service and to provide a rating for the service under the Care Act 2014.

We visited the service on 2 September 2015, this was an unannounced inspection. The inspection team consisted of one inspector. Prior to our inspection we reviewed information we held about the service. This included information received about the service and statutory notifications. A notification is information about important events which the provider is required to send us by law.

Before the inspection, we asked the provider to complete a Provider Information Return (PIR). This is a form that asks

the provider to give some key information about the service, what the service does well and improvements they plan to make. They did not return a PIR and we took this into account when we made the judgements in this report.. We also reviewed the most recent report from the commissioners (who fund the care for some people) of the service.

During our inspection we spoke with two people who were using the service, two members of care staff, two healthcare professionals, the registered manager and the provider. We also observed the way staff cared for and interacted with service users in the communal areas of the building. We looked at the care plans of two people and any associated records such as incident records. We looked at three staff files as well as a range of records relating to the running of the service, such as audits, maintenance records and two medicine administration records.

Is the service safe?

Our findings

People were protected from the risk of harm and staff ensured people's safety was maintained. The people who used the service had limited communication but one person indicated that they felt safe living in the home. The healthcare professionals we spoke with also confirmed that staff worked well to keep people safe. We observed people were comfortable with staff and the registered manager. The atmosphere in the home was relaxed. Staff supported people in an inclusive way and managed any situations where people appeared to become distressed in a calm manner.

The staff we spoke with clearly described what they did to support people to stay safe and reduce the risk of harm. For example, staff told us they pre-empted situations where people may become distressed and tried to divert them onto other activities. This was backed up by information in people's care plans about how to support them to stay safe. When incidents had occurred these were recorded in detail and the registered manager worked with staff to understand why it had happened and what could be done differently next time.

People and staff had access to information about safeguarding which was displayed in the home in prominent places. The provider had ensured staff received appropriate training and development to understand how to protect people. Staff were able to describe the different types of abuse which can occur and how they would report it. Staff had confidence that the registered manager would act appropriately in response to any incidents. Information had been shared with the local authority about incidents which had occurred in the home.

Risks to individuals were recognised and assessed and staff had access to information about how to manage the risks, whilst promoting people's independence. One person's records showed that there was a risk associated with them going out and about. Staff worked with the person to develop their confidence and skills to enable them to access the community independently at certain times each week. A detailed care plan was in place which identified how staff supported the person and lower the risk of them coming to harm when they went out of the home. Staff spoke with pride about how they had supported this person with positive risk taking which had improved their self confidence.

People were cared for in an environment which was well maintained and appropriate safety checks were carried out. Routine maintenance tasks were carried out in a timely manner and regular safety checks of the building were carried out. These included testing of the fire alarm and gas safety checks as well as regular checks of the water supply.

We observed that there were enough staff to meet people's needs and the healthcare professionals we spoke with also felt there were sufficient staff. People received the support they needed immediately and staff were quick to respond to any requests people made. For example, staff made people's meals straight away when they requested something to eat. The staff we spoke with told us they felt there were enough staff working in the service to meet the needs of people and to ensure they could take their days off.

Whilst staffing levels were generally set to a level of two care staff, there were systems in place to adjust this to meet the changing needs of people. For example, additional staff were added to accompany people on day trips and to attend healthcare appointments. The provider had recently recruited some bank staff to work at the service to cover staff shifts at short notice.

The provider had taken steps to protect people from staff who may not be fit and safe to support them. Before staff were employed the provider requested criminal records checks, through the Disclosure and Barring Service (DBS) as part of the recruitment process. These checks are to assist employers in making safer recruitment decisions.

People received their medicines as prescribed and at the correct times. The healthcare professionals we spoke with told us they felt staff were competent in managing people's medicines. During our inspection we observed staff following safe procedures to administer people's medicines, whilst also maintaining some flexibility if, for example, a person was not ready to take their medicines.

We found that there was good information about each person in respect of their medicines including any allergies and how the person preferred to take their medicines. Staff received training in the safe handling and administration of medicines and had their competency assessed. The

Is the service safe?

medicines people had taken were appropriately recorded and ordering was carried out in a timely manner. Medicines were safely stored in a lockable cupboard and kept at an appropriate temperature.

Is the service effective?

Our findings

People were cared for by staff who had gained the required skills and support to provide effective care. One person said, “The staff are good.” The healthcare professionals we spoke with also felt staff were competent in their duties. Staff received a wide variety of relevant training covering areas such as safeguarding and first aid. Staff were also provided with training to help them understand the needs of the people they cared for, such as mental health awareness.

The staff we spoke with told us that they received the training they required for their role. One staff member said, “The training is of a good quality and I have learned lots from it.” Training was provided to all staff on an on-going basis, the registered manager had a system in place to ensure staff were always up to date with all training. Staff were provided with an induction comprising of some training and an introduction to working in the home. The competency of all staff was assessed on a regular basis by the registered manager. Staff also received regular supervision and an annual performance appraisal. Staff told us they felt very well supported through supervision and also that they felt able to approach the registered manager at any time.

People provided consent to the decisions they were able to make themselves, such as whether or not they wanted support with personal care. Staff understood that people’s ability to make decisions varied and people were empowered to give consent where they were able. For example, one person had been deemed as lacking capacity to make some decisions themselves. However, the person was able to make decisions about how their money was managed and staff supported them with this.

Where people lacked the capacity to make a decision the provider followed the principles of the Mental Capacity Act 2005 (MCA). The staff we spoke with had a good understanding of the MCA and described how people were able to make decisions. Staff had been provided with training in understanding the importance of the MCA. The registered manager was aware of the Deprivation of Liberty Safeguards (DoLS) and had followed appropriate procedures where it had been deemed necessary to restrict people’s freedom to leave the home alone.

People were supported to eat and drink enough to help keep them healthy. One person told us that they enjoyed the food and that one member of staff in particular was skilled at preparing appetising meals. The healthcare professionals we spoke with also confirmed they felt people had access to sufficient quantities of food.

A four week rolling menu had been created with the involvement of the people living at the home. On the day of our inspection, staff also catered for people’s requests if they asked for something different. People also had access to drinks and snacks throughout the day and were able to help themselves. Even though people were independent and didn’t require support to eat their meals, staff sat and spoke with them during the meal, creating an atmosphere which was relaxed and friendly.

The staff we spoke with told us people got enough to eat and that there was a wide range of choices available. There was information available about people’s likes, dislikes and any specific dietary requirements people had. Staff were aware of this information and how it affected the way they prepared food.

People had regular access to the healthcare professionals they required such as their GP or dentist. The healthcare professionals we spoke with also confirmed this was the case, with one commenting, “I visit the service on a regular basis and the communication with staff is good.” People’s records confirmed they were seen on a frequent basis for routine health checks as well as one-off appointments.

The staff we spoke with told us they made appointments for people and had good relationships with a range of different professionals. Staff accompanied people on their appointments to provide reassurance and also ensured any information was understood and properly recorded. Staff responded to any changes in people’s health by contacting the most appropriate healthcare service. For example, the registered manager told us there were concerns about one person’s weight and they had contacted a healthcare professional for advice. The guidance which had been provided was incorporated into the person’s care plan and being delivered in practice.

Is the service caring?

Our findings

The people we spoke with told us they liked living at the care home and got on well with the staff. The healthcare professionals we spoke with told us they had found staff to be caring and had built positive relationships with people. During our visit we observed that there were genuinely positive and caring relationships and the people living at the home appreciated the interaction they received from staff.

Staff understood people's personalities and had formed individual relationships based on what people preferred. One person enjoyed positive banter with staff and also liked to tease staff, we saw that staff embraced this whilst also respecting professional boundaries. The staff we spoke with knew people well and understood their individual needs. Staff could tell us how people preferred to be supported which matched the information in care plans.

We witnessed staff talking with people about their interests and actively engaging with them to pursue these. Staff told us that they felt all staff were caring towards people who used the service. We were told by staff that they got plenty of time to engage in activities and individual interests with people throughout the day and we observed this to be the case.

Staff endeavoured to involve people in making decisions about the care they received and people's views were taken into account. The people who used the service did not wish to be involved in formal views of their care plans, however staff had regular informal discussions with people to gain their views. Staff had worked with one person on producing an easier to read summary of what they wanted and their likes and dislikes.

Staff understood the importance of people's independence and we saw examples of staff enabling people to carry out tasks independently. For example, one person had been

reliant on staff to escort them when going out and about. This person had been supported to be able to access the community independently and this had helped their self-confidence.

We observed people were able to make choices, such as what they wished to eat and whether or not they wished to go out. Staff encouraged people to go into the community and one person chose to do so independently most days. The staff we spoke with also told us they involved people in making decisions about their care and support. There had been an assessment of people's needs, likes and dislikes upon admission to the home. This information was used to form their care plans and people's wishes were taken into account in the way they were cared for.

People were provided with information about advocacy services and the registered manager gave us an example of when a person had used an advocacy service in the past. Advocates are trained professionals who support, enable and empower people to speak up.

People were treated with dignity and respect by a staff group who understood the different ways people preferred to be treated. The people we spoke with told us they liked the staff who worked at the service. The healthcare professionals we spoke with also confirmed that staff treated people respectfully.

We observed staff treating people in a respectful manner at all times. Staff also recognised the importance of allowing people privacy when they wanted it. For example, we saw staff knocking on people's bedroom doors and waiting for a response before entering. The staff we spoke with described how they would respect people's privacy and dignity and showed they knew the appropriate values in relation to this. Information about what dignity meant to people was displayed in the home. There was an appointed 'dignity champion' whose role was to emphasise the importance of treating people with dignity. We saw that this was embedded in the practice of staff working at the home.

Is the service responsive?

Our findings

People received the support they needed and staff responded to any changes by amending the support they gave in practice and updating their care records. The healthcare professionals we contacted told us that they felt staff provided individualised care that met people's needs. During our inspection we observed staff responded quickly when required. For example, one person changed their mind about their planned activity for the day and staff responded appropriately to this.

Staff had detailed knowledge of people's preferences and how they preferred to be supported. Whilst people were independent in terms of carrying out personal care tasks, staff told us that they reminded people about this and we observed this to be the case during our visit. There was comprehensive information in people's care plans which reflected what staff told us. Staff also kept detailed records about what support had been provided to people on a daily basis. The registered manager carried out monthly reviews of each section of the care plans to ensure they remained accurate. Whilst the care plans described people's needs well, they did not always demonstrate the progress people had made. The registered manager said they would address this by implementing a system to track people's progress against goals and targets.

A wide range of different activities were provided to people who used the service. There were many self directed

activities available in the home which were well used, such as a games console,. Staff also enjoyed spending time playing games with people, such as card games. In addition, staff arranged day trips and holidays to local attractions and seaside resorts. We saw photos of these trips which demonstrated that people had enjoyed the experience. One person told us they had enjoyed a recent trip to the seaside.

Staff took into account people's feedback regarding whether or not they had enjoyed a particular activity and amended the activity timetable in response to this. Staff also supported people to attend regular weekly community groups and visited local pubs for a meal. Staff told us that the provider made funds available so that everybody could partake in the activities.

People were supported to be able to make a complaint and we observed people felt comfortable speaking with staff, the registered manager and provider during our inspection. An easy read complaints guide was displayed in a prominent position and staff displayed good knowledge of how they would respond to any complaints made. The registered manager told us they responded immediately to any issues that may be raised before they escalated into a complaint.

There was a clear complaints procedure in place that demonstrated the process that would be followed along with the timescales. There had not been any complaints made, so we could not assess how they were responded to.

Is the service well-led?

Our findings

People benefitted from the open and honest culture that was present in the home. During our visit the atmosphere was calm and relaxed and we saw both staff and people who used the service were confidently interacting with each other and with the registered manager. The healthcare professionals we spoke with told us they felt welcomed on their visit to the home.

The staff we spoke with told us that the culture of the home was open and inclusive. One staff member said, “You can feel confident speaking up. The manager is firm but fair.” Staff told us that they would feel confident that they would be treated fairly if they made a mistake and would be willing to tell the registered manager. The registered manager told us they encouraged open, two-way communication from people living at the home as well as staff.

Staff told us that they felt confident speaking to management on an informal basis. The registered manager ensured staff had regular supervision and there were regular staff meetings. Records confirmed that staff were involved in these discussions and their suggestions and ideas were taken on board. For example, one staff member had suggested buying a ‘sat-nav’ to assist with taking people out on activities and this had been provided. We could see that staff enjoyed working in the service, and they told us they enjoyed their job. One staff member told us they frequently worked over and above their contracted hours because they enjoyed their role.

People had a good relationship with the registered manager and provider and this was evident during our visit. We saw the registered manager interacting with people as they spent a lot of their time in the communal areas of the home. They knew people’s personalities very well and engaged in an open and inclusive way. The people we spoke with told us they liked the registered manager and healthcare professionals told us they felt the registered manager led the staff team well.

Staff told us the registered manager led by example and had a ‘hands on’ approach to running the home. One staff member commented, “The manager will help out on the floor a lot, he doesn’t just stay in the office.” We observed this to be the case during our inspection. There were clear decision making structures in place, staff understood their role and what they were accountable for. Certain key tasks were delegated to staff to carry out, such as the ordering of medicines and responsibility for purchasing food. Resources were provided to enable staff to meet people’s needs, for example the provider recently made money available to purchase new bedding.

There was a registered manager in post and he understood his role and responsibilities. Records we looked at showed that CQC had received all the required notifications in a timely way. Providers are required by law to notify us of certain events in the service.

People benefitted from the systems that were in place to obtain their feedback about the quality of the service. There were regular meetings which people could attend, otherwise the registered manager spoke with them individually. The records of these meetings showed that people were consulted about matters such as the food they wanted and home improvements. We saw that people’s ideas were taken seriously and acted upon where possible.

There were systems in place to monitor the quality of the service provided. Audits were carried out internally by the registered manager covering areas such as medicine administration and a review of incident records. Where any issues were identified these were addressed by the registered manager with staff immediately. The provider also carried out spot checks which involved observing and talking with staff and consulting people using the service. Records about people’s care and staff records were kept up to date and stored securely.