

Mrs Susan Clay

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 ●

Summary of findings

Overall summary

University Care is a care home providing personal care to four people who may have a learning disability or mental health needs.

The home is situated in a residential part of Nottingham with good links to community facilities and transport. The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

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

People felt safe and there were enough staff to provide support to meet their needs. People were protected from the risk of harm and staff understood how to recognise potential abuse and how to act to keep people safe. People received their prescribed medicines safely and they understood why they needed these. Staff had been suitably recruited to ensure they were able to work with people.

People made decisions about how they wanted to be supported and they could decide what to do and how to spend their time. 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. Where people lacked capacity, they were helped to make decisions. Where their liberty was restricted, this had been identified and action taken to ensure this was lawful. They received support to stay well and had access to health care services. Staff had training and professional development that they required to work effectively in their roles.

People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent. People were responsible for shopping and cooking the food they wanted to eat and supported to develop living skills.

People had developed positive relationships with the staff. Staff helped people to make choices about their care and their views were respected. People were involved in the planning and review of their care and family members and friends continued to play an important role. Where people had any concerns, they were able to make a complaint, and this was responded to.

Systems were in place to assess and monitor the quality of the service. People and staff were encouraged to raise any views about the service on how improvements could be made. The registered manager worked in partnership with other professionals to ensure people received the care they wanted. They promoted an open culture which put people at the heart of the service.

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

Rating at last inspection

The last rating for this service was Good (6 July 2017).

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

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

One inspector carried out this inspection.

Service and service type

University Care is a 'care home'. People in care homes receive accommodation and nursing or personal care as 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 three people who used the service, two members of staff and the registered manager. We reviewed a range of records. This included three people's care records and medication records. We looked

at two staff files in relation to recruitment. A variety of records relating to the management of the service were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We received feedback from three professionals who had knowledge of 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 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

- People understood how the staff supported them to stay safe and knew the safeguarding procedures. People told us where they were at risk of harm they knew referrals may be made to the safeguarding team to help prevent further harm.
- Staff understood their role in keeping people safe from avoidable harm and abuse. They spoke with confidence about the actions they would take if they thought someone was at risk and would not hesitate to report concerns. Staff were confident that they would be listened to.

Assessing risk, safety monitoring and management

- The risk of avoidable harm associated with people's care had been assessed. Where people needed support to help reduce self-harm, alcohol or substance abuse, the care plan recorded how people had agreed to be supported to reduce risks. Where any risk was identified, support had been obtained from health and social care professionals to ensure risks could be mitigated.
- Where people went out, information was recorded about the level of support and interaction. For people with complex needs, there were reactive and proactive management strategies to support people and reduce the incidence of complex behaviour. People had agreed to these strategies and understood how staff would provide support when they were distressed.
- The risk assessments were reviewed regularly and updated to reflect any change in circumstances which occurred.
- Information was recorded about how people needed support to leave the home in an emergency. There were personalised emergency evacuations plans in place which were reviewed regularly.

Staffing and recruitment

- People felt there was enough staff to support them. We saw that a member of staff was supporting one person who needed individual support as agreed.
- There was a stable staff team and all shifts were covered by the staff team who worked for the provider and agency staff was not used. Staff explained they covered annual leave and any sickness from within the team to ensure consistency.
- Recruitment checks were completed to ensure staff were suitable to work at the service. These checks included requesting and checking references of the staffs' characters and their suitability to work with the people who used the service.

Using medicines safely

- People received their prescribed medicines at the right time and in the correct way. People knew they

received medicines and what they were for.

- Staff had received training in the safe administration of medicines and we saw they had checks in place to ensure the medicines were recorded and stored correctly.

Preventing and controlling infection

- The home was clean and smelt fresh and all areas of the home were well maintained. Systems were in place to help promote infection control and this included cleaning regimes and training for staff.
- The service had achieved a five-star rating for the hygiene and practices in the kitchen; this is the highest rating that can be achieved

Learning lessons when things go wrong

- The registered manager took suitable actions following incidents and learning was shared with staff.
- Risk assessments and care plans were updated after accidents and incidents to help ensure that the measures in place were effective.

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 now 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

- There were no people living at the home from different cultures, however, we saw how staff considered people's gender and sexuality as part of their assessment and care planning process. Information, advice and training regarding equality and diversity was provided for people using the service and staff.
- The staff worked in partnership with other healthcare services to provide a holistic approach to assessing, planning and delivering people's care and support. We saw the staff worked closely with GP's, and health care specialists to ensure people's ongoing health needs could continue to be met. People were satisfied with the care and support they received, and we saw staff provided care in line with best practice.

Staff support: induction, training, skills and experience

- Staff were supported to learn new skills and update their knowledge to ensure they knew how to care and support people. One member of staff told us they had attended training for mental health and medicines and found this valuable as they learnt about the different symptoms people may have.
- The staff had opportunities to discuss their wellbeing, performance and their personal development during regular supervision sessions.

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

- People could choose what they wanted to eat and helped with planning, buying and preparing meals. One person explained that they wanted to become more independent and enjoyed cooking their favourite meals. People chose the meal they wanted to eat, and one member of staff told us, "Some days we can be cooking four different meals; it's about what people want."

Where people had specific food preferences, for example, a vegetarian diet, we saw this was purchased and people were happy with the meals and choice of food.

- Some people needed support and encouragement to eat food. We saw that staff encouraged them to eat and provided kind and patient assistance. We saw the food was prepared following guidance from the speech and language therapist to ensure it was suitable for them. Staff showed a good understanding of people's nutritional needs.

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

- People were visited by healthcare professionals when additional advice or support was required. Where people were unwell, people were supported to see their doctor.
- Some people were supported by the community mental health team and specialist services. They could

choose to visit these services in private or received support and guidance from staff. People also had regular health and dental checks.

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 understood that where people had capacity they could make their own decisions about their care and lifestyle.
- Where people lacked the capacity to make decisions, we saw there were assessments in place which recorded why decisions were being made in people's best interests. Due to people's complex needs, staff understood that capacity may fluctuate and when people regained capacity, they would be able to make their own decisions.
- Where restrictions were identified DoLS application had been made to ensure these restrictions were lawful.

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

- People liked living in their home and told us the staff were kind and caring and were always happy to help. One person told us, "This is an amazing place. The staff go the extra mile and put so much effort in making sure we have the right care."
- We saw the staff showed a passionate commitment to enabling people, and staff knew people well and were knowledgeable about the things that some people found upsetting. One person told us, "The help I get from staff has really helped me to change. I can now see a future for myself." One health professional reported, '[Name] speaks highly of the service, informing me they find all the staff very friendly and approachable.'
- The staff knew each person, their personal histories and their interests well. People were comfortable and happy around staff who valued the relationships they had developed.

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

- People felt the staff listened and helped them to make choices about their care and their support. Related records showed people's views, wishes and aspirations were used to inform their care, home life and living arrangements.
- People were involved to make decisions about their care in way that was meaningful to them; One person told us, "I get more independence here and I can now see a life without drugs and alcohol." One member of staff told us, "I like to encourage people to develop and reach their full potential"

Respecting and promoting people's privacy, dignity and independence

- People's diverse needs were recognised, and staff enabled people to continue to enjoy the things they liked. People could maintain relationships with family members and have personal relationships with people who were important to them. One person told us, "The staff respect my privacy and the relationships I have with people."
- Each person had their own room and staff ensured that privacy was respected and maintained at all times.
- People were encouraged to maintain their home and be involved with activities of daily living. The staff ensured that their independence was encouraged and maintained in a consistent manner.

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

- Before people moved to the home, a pre-assessment was completed to ensure the person's needs could be met and to identify if additional training and resources were required. One social care professional reported, 'From the beginning I have found the service really easy to contact and engage with, they were very accommodating in terms of arranging visits for myself, the person and their family to view the home before it was agreed.'
- Each person had a detailed support plans which was personalised to their own needs. Each person had a key worker who took the primary responsibility for liaising with the person about how they wanted their plan to be developed. People knew what was written in their support plan and evidenced their agreement. One person told us, "My care plan has the things in there so I can live up to my expectations."
- All staff read these plans to ensure that any changes and developments were known and shared. One social care professional reported, 'I have found University Care professional in their care planning.'

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.

- Information had been made available for people in an easy read style where this was needed. Staff explained that the assessment process identified how people needed support and information could be developed to support their understanding.

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. People told us they were happy with the opportunities they had to be involved with activities they enjoyed including eating out and having competitive bowling nights. People also had the opportunity to gain employment or carry out volunteer work. One person told us, "I'm now working with support from staff and hope to do this independently soon."
- Health and social care professionals were satisfied that people were being supported in a meaningful way. One social care professional reported people were helped to work and exercise reporting, 'These are big mile stones for [Name]'. A health professional reported, 'Staff have supported [Name] extremely well and their quality of life is much better, and they have been encouraged to pursue hobbies and interests.'

Improving care quality in response to complaints or concerns

- People knew how to raise a concern or complaint and told us they felt confident to do this.
- Details of advocacy services were available, and staff advised they would be requested if needed to support a person using the service to make a complaint or support to make a decision. The provider's complaint procedure was accessible and known to people.
- The registered manager advised any comments or complaints received were investigated and they reflected on issues raised and to help identify if there were any trends that needed to be addressed.

End of life care and support

- Where people had expressed their wishes, their support plan covered issues related to ageing and future care needs. Staff explained that some people were uncomfortable discussing this subject, but this was kept under review.

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 remained the same. 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

- The service had a registered manager and we saw their values were based on respect for each other and putting people at the heart of the service. The staff told us that the registered manager was approachable and gave leadership, guidance and the support they needed to provide good care to people who used the service.
- People felt the service was well managed. People knew who the registered manager was and who they could talk to if they wanted to.
- The registered manager had a good oversight of the service; they worked alongside staff and knew the people using the service, their relatives and staff well. They had a clear understanding of what was needed to ensure the service continued to develop, and ensure people received high-quality care.
- Staff received daily handovers detailing updates or changes to people's needs.

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

- People were aware of who to speak to if they had any concerns and felt the home was managed well.
- Staff were confident about how they could raise any issue of concern and told us they felt sure they would be listened to and taken seriously if they needed to raise anything.

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

- Frequent quality checks were completed by the registered manager which included checks of medicines management, incidents, staff training needs and health and safety. Where potential concerns with quality were identified, we saw action was taken to improve quality.
- Incidents in the home were recorded, monitored and investigated, and action was taken to reduce the risk of further incidents from occurring.
- The registered manager understood the responsibilities of their registration with us. They reported significant events to us, such as safety incidents, in accordance with the requirements of their registration.

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

- People and their families were regularly involved with the service in a meaningful way and could give their views on the service they received. There were meetings regularly to discuss the service and make any

suggestions in relation to how the home was managed.

Continuous learning and improving care

- Staff advised that they had opportunities to speak with the registered manager at any time. They valued the regular staff meetings where they discussed current issues, changes within the home and where improvements could be made

Working in partnership with others

- The registered manager had developed close working relationships with other health and social care professionals and feedback was used to drive through improvements in the care provided at the home, ensuring people's social and health needs were promptly met.
- The records detailed how health and social care professionals had been involved in people's care. One health professional reported, 'The manager will contact to request follow up when due and will always be in touch to raise any concerns.'