

Mrs Susan Clay

University Care 2

Inspection report

53 Derby Road
Beeston
Nottingham
NG9 2TB

Tel: 01158758568

Website: www.universitycare.co.uk

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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 2 is a care home that provides personal care for up to four people and supports people living with learning disabilities, complex needs, including people living with mental health needs. The accommodation consists of a detached house in Beeston in Nottingham. At the time of our inspection four people were living at the service.

People's experience of using this service:

The outcomes for people using the service reflected the principles and values of Registering the Right Support in the following ways; promotion of 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.

People were positive about living at the service, they felt staff understood their needs and treated them very well, supporting them to remain safe. The provider had safeguarding policies and procedures and had provided staff with safeguarding training. Risks associated with people's physical and mental health needs had been assessed. People and their relatives where appropriate, had been involved in discussions and decisions in how staff supported people with known risks. Risks were continually monitored and risk assessments, and guidance for staff were updated when required. Staff had a positive approach to risk taking and worked with people to achieve good outcomes. People lived in an environment that was maintained well and to a high standard. Health and safety checks were completed on a regular basis. Systems and processes were in place to report and review incidents and complaints.

People's prescribed medicines were managed and administered following national best practice guidance. Staff had the required guidance to safely and effectively support people with their medicines. This included training and their competency assessed. People were supported by sufficient numbers of staff, an on-call manager rota ensured additional staff could be called upon at any time. Staff skill mix such as experience was considered by the management team when developing the staff rota. Robust staff recruitment procedures were used to ensure only suitable staff were employed.

People were supported by staff effectively because they had received training the provider had identified as required. Staff were also supported by a management team who were experienced and knowledgeable.

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

People were supported with dietary needs and were involved in menu planning. People's health was monitored and people had access to health services. Independence was promoted and people's life style choices were supported. Social inclusion was achieved, people were active citizens in their community and

participated in recreational and leisure activities and interests. People accessed the local community independently and had no restrictions placed upon them of when they returned. Where people required staff support to access the community this was provided when people requested it.

People received opportunities to share their experience about the service via house meetings and informally by talking with staff. Plans were in place to send an annual survey to people, relatives, staff and external professionals as part of the provider's quality assurance process.

The provider regularly visited the service and a range of audits and checks were completed to ensure quality and safety. The provider had an improvement plan and staff felt valued and involved in the development of the service.

Rating at last inspection:

This was the provider's first inspection since registration.

Why we inspected:

This was a planned inspection based on when the service was registered.

Follow up:

We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received 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 2

Detailed findings

Background to this inspection

The 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 checked 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.

Inspection team:

Our inspection was completed by one adult social care inspector.

Service and service type:

University Care 2 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 comprehensive inspection was announced. We gave the registered manager 48 hours' notice, this was because this is a small service and we wanted to be sure people would be available when we inspected.

What we did:

To assist us in the planning of the inspection, we used information the provider sent us in the Provider Information Return (PIR). This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed information that we held about the service such as notifications. These are events that happen in the service that the provider is required to tell us about. We sought the views of the local authority and commissioning teams, and Healthwatch Nottinghamshire, who are an independent organisation that represents people using health and social care services. Commissioners are people who work to find appropriate care and support services which are paid for by the local authority or by a health clinical

commissioning group.

During the inspection, we spoke with two people who used the service. After the inspection, we contacted a relative of a person who used the service for their views. We spoke with the registered manager, deputy manager and two support workers. We looked at the care records of three people who used the service. We checked that the care they received matched the information in their records. We also looked at a range of information to consider how the service ensured the quality of the service; these included the management of medicines, staff training records, staff recruitment and support, audits and checks on the safety of the environment, policies and procedures, complaints and meeting records. After the inspection the registered manager sent us further information within the time scale allowed in relation to, the provider's quality checks, improvement plan and meeting records. We have reviewed these as part of the inspection process.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- Staff knew how to recognise abuse and protect people from the risk of abuse. Staff had received safeguarding training and had access to the provider's safeguarding policy and procedure. A staff member said, "I've not had to report any concerns, I'm confident the manager would report to safeguarding any concerns, I also know the external services to report to." We were aware the provider had reported allegations of abuse to safeguarding when it was identified.
- People were supported to understand how to keep safe and to raise concerns when abuse occurred. People told us they felt safe living at the service and how staff supported them to remain safe. A relative told us they had no concerns about safety and spoke very highly of how staff supported their relation to remain safe. Comments included, "I'm very confident with the service, the manager considers the compatibility of people, I know [relation] feels safe."

Assessing risk, safety monitoring and management

- Risks associated with people's physical and mental health needs had been assessed and staff had guidance of how to manage known risks. This included positive behavioural support plans to manage periods of increased anxiety that affected people's mood and behaviour. We identified one person's behavioural plan lacked specific detail of how the person may present if anxious and no detail of the possible triggers that may impact on the person. However, staff were knowledgeable about this information meaning this was a recording issue. Another person had been identified as being at risk of choking when eating. We were aware this person chose to eat their meal in their bedroom and we asked a staff member of the support they had provided to the person. It was apparent the staff member had not remained with the person as described in their support plan guidance. The person did not come to harm, but we were concerned about their safety and discussed this with the registered manager. They assured us they would take immediate action to ensure this staff member, and all staff understood the support required to mitigate any risks to the person.
- People had been involved in discussions about how risks were managed. A person told us how they could access the community independently and there were no restrictions on when they returned. They told us of the safety measures they took to remain safe such as taking a mobile phone with them, ensuring it was fully charged before leaving. Another person told us how they had chosen to access the community with staff support, due to concerns they had about remaining safe. A relative told us they were confident staff had considered and managed any risks well, and how their relation and themselves, were involved in discussions and decisions. Comments included, "I feel staff listen and take on my opinions."
- Risks associated with the environment had been assessed and planned for and were regularly reviewed. For example, personal emergency evacuation plans had been completed. These provided staff of the guidance required to support people in an event they needed to evacuate the building. Fire drills were also completed and checks to manage the risks of legionella that can cause serious illness.

Staffing and recruitment

- There were sufficient staffing levels provided to ensure people's needs and safety. The registered manager explained the support needs of individuals. During Monday to Friday either the registered manager or deputy was on duty with two support workers. However, weekend staffing levels reduced to two. We had some concerns how people's additional hours were met. The registered manager assured us and the staff rota confirmed, the management team were on call and would provide additional support if required. This was the case for support to night staff. Additional staffing was provided twice a week to support a person with activities. Staff told us they believed staffing levels to be safe.
- People told us they were happy with the staffing levels provided. A person said, "The staff are always around." A relative told us they believed staffing levels were sufficient to meet their relations needs.
- The staff rota matched the staffing on the day of the inspection. We saw two people individually requested to go into the local community with staff support and this was provided. Staff had time to spend with people and the atmosphere was calm, organised and relaxed.
- Safe recruitment processes were used to ensure only staff suitable for their role were employed at the service.

Using medicines safely

- Medicines systems were organised and people were receiving their medicines when they should. The provider was following safe protocols for the receipt, storage, administration and disposal of medicines. Staff had guidance of any known allergies, how people preferred to take their medicines and details of the administration of medicines prescribed 'as required'. Medicine administration records showed one missing staff signature. This was identified to be a recording issue which the deputy manager told us they would discuss with the staff member. Staff had received 'in-house' medicine training, but arrangements were being taken to have external training. The management team had completed competency assessments of staff responsible for medicines.
- People told us they received their medicines at regular times. We saw the deputy manager support a person with their medicines, they stayed with the person to ensure they had taken it safely.

Preventing and controlling infection

- The service was found to be clean and hygienic, infection control practice was understood and followed by staff. This included the use of disposable gloves and aprons and cleaning products were stored safely. Hand hygiene information was not displayed, but the registered manager acted to get this information displayed.

Learning lessons when things go wrong

- The provider had a procedure for staff to record accidents and incidents, and staff were knowledgeable of the action required if an incident occurred. We found incident records were detailed and reviewed by the registered manager to consider if lessons could be learnt to reduce reoccurrence. Examples of action taken included sharing information with external professionals involved in people's ongoing care and reviewing support plans and risk assessments.

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

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

- Pre-assessments were completed by the registered manager before people moved to the service. In addition, a transition plan was arranged that enabled a person to visit the service before moving permanently. The registered manager told us how they carefully considered people's needs and compatibility, this reduced the likelihood of placements failing.
- The provider had up to date policies and procedures that reflected national best practice guidance and current legislation to guide staff practice.
- Assessment of people's needs included the protected characteristics under the Equality Act 2010 and these were considered in people's support plans. For example, people's needs in relation to their age, gender, religion and disability were identified. This was important to ensure people did not experience any form of discrimination. A relative was positive that their relation's diverse needs, including their protected characteristics were understood by staff.

Staff support: induction, training, skills and experience

- People were effectively supported by staff who had received a structured induction, training identified by the provider as required and ongoing support. Staff told us and records confirmed, they had completed relevant training such as mental health awareness, managing behaviours and first aid.
- Staff were positive about the support they received and confirmed the induction and training was supportive and informative. A staff member said, "The manager and deputy are really good leaders, they know their stuff, very knowledgeable in mental health. The training has really helped me." A staff member was also positive about being supported to gain further qualifications such as a diploma in social care.
- The management team told us how they observed staff practice, as a method to assure themselves staff had learnt from the training received and were competent. They also provided staff with both formal and informal opportunities to review their work and development needs.

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

- People's nutritional needs associated with any health conditions such as diabetes had been assessed and planned for and staff had guidance of the support required. Healthy eating was encouraged and people could make drinks and snacks when they wished. A menu provided guidance of the meal options available, but staff told us this was flexible and dependent on individual choice.
- People told us they received a choice of meals. A person said, "We get a choice of food, I sometimes help with the cooking and there's always snacks and fruit." We saw people were offered food choices at lunchtime and staff supported people with their individual choices.
- Food stocks were plentiful, food was stored and managed appropriately. This included food temperatures being checked in line with best practice guidance and food hygiene standards.

Staff working with other agencies to provide consistent, effective, timely care

- Staff worked with external professionals to support people to achieve positive outcomes. It was evident from speaking with people and viewing their care records, there was a multi-disciplinary approach in working together to support people effectively.

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

- The internal and external environment were of a high standard and met people's needs. People had access to all areas of the service and their bedrooms were personalised. Some people smoked and they had a smoking shelter in the external garden. The external garden was well maintained, with seating areas and was safe and secure.

Supporting people to live healthier lives, access healthcare services and support

- People's health needs were known and understood by staff. Staff monitored people's health and supported them to access health services to maintain good health. This included working with community mental health professionals to support people's mental health needs. People were positive about the support they received from staff. A person said, "Staff support me to the doctor's." A relative said, "Staff monitor both physical and mental health needs, I have no concerns."

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 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 with appropriate legal authority. 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, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- Staff were aware of the principles of the MCA and had applied this correctly where required. For example, a person who lacked mental capacity to consent to specific decisions about their care, assessments and best interest decisions had been completed. These records showed consideration included least restrictive practice and the involvement of others, such as relatives and external professionals.
- At the time of our inspection no person had an authorisation to restrict them of their freedom and liberty. We saw an application had been made for one person in accordance with the DoLS principles and a letter from the local authority confirmed receipt of the application.

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

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 had developed positive relationships with staff and the registered provider and were complimentary of the caring and supportive approach of staff. A person said, "I like (name of the registered manager and deputy manager), they are the bosses, I also like the staff, I can talk to them and they help me." Another person said, "I'm happy with the staff support, (name of provider) is always popping in to see us and they're lovely, really nice." A relative was very positive about how caring and supportive staff were. Comments included, "I can honestly say staff are really focussed, very organised in the care provided and with mental health support. The staff are all lovely, polite and very engaging."
- Staff showed a good understanding of people's individual needs, routines, preferences and what was important to them. It was clear staff knew people well, they spoke about people in a positive and respectful manner, they were accepting of people's differences and were understanding of their lifestyle choices. A staff member said, "I think a big thing is to listen to what people say and not to judge. I respect people's individuality, people are not the same, it's knowing the little things as much as the bigger ones."
- We saw good interaction between staff and people who used the service who looked relaxed within staff's presence. Staff included people in conversations, were responsive to requests for support and spent time with people. Conversations flowed and staff showed an interest in people. We saw how a person returned from a community activity they had been on independently, the registered manager greeted them and asked about their day which the person responded to positively. This interaction was natural, caring and attentive.
- The provider recognised people's diversity, they had policies which highlighted the importance of treating everyone as individuals.

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

- Personal autonomy was encouraged and supported. People received opportunities to be involved in decisions about their care and support. It was evident from people's support plans staff had guidance about their support needs, had been involved in the development and review for these. For example, one person had some concerns about their lifestyle choices and had requested additional staff support to manage this, we saw this support was being provided.
- A relative told us how staff involved and acted upon their relation's wishes to participate in activities of their choice. They said, "[Name of relation] is fully involved and empowered to live their life as far as possible, how they wish. Staff communicate also with me, we speak all the time."
- People had access to independent advocacy support. An advocate acts to speak up on behalf of a person, who may need support to make their views and wishes known.

Respecting and promoting people's privacy, dignity and independence

- People told us staff treated them as equals, they respected their privacy and dignity, and promoted independence. A person said, "The staff treat me well, they promote a healthy lifestyle and safe time to reflect." Another person said, "The staff are nice, respectful and polite. They knock on my bedroom door and wait until I answer." People also told us how they were encouraged to participate in domestic tasks to develop their independence. An example of this was how we saw people doing their own laundry.
- Staff showed a good understanding of the importance of respecting people and supporting them to be as independent as fully as possible. A staff member said, "We try and engage people to help out with domestic jobs instead of just doing it for them." Another staff member said, "Some people will eventually move onto to live more independently and our job is to help prepare them for this."
- Staff were seen to speak to people in a respectful and courteous manner and choice and independence was promoted. This included how people spent their time.
- The service ensured they maintained their responsibilities in line with the General Data Protection Regulation (GDPR). GDPR is a legal framework that sets guidelines for the collection and processing of personal information of individuals. Records were stored safely maintaining the confidentiality of the information recorded.

Is the service responsive?

Our findings

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

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- Following an assessment of people's needs, support plans were developed with people that provided staff with guidance of the support they required. A range of support plans were in place that were specific to people's individual needs. These included both their physical and mental health needs, current and previous lifestyle choices. These were regularly reviewed to ensure information was current.

- People told us they were confident staff understood their individual needs and what was important to them. This included people's diverse needs such as any cultural and religious needs and preferences. A person told us how sometimes they chose to have a vegetarian diet and other times they chose to eat meat. This was recorded to inform staff who also told us how they respected and supported this person's preferences. Staff told us how one person sometimes liked to attend a place of worship, this was recorded to inform staff. A relative was very positive how staff engaged and motivated their relation to be active and to pursue leisure activities that were important to them.

- People had received opportunities to complete additional information documents to share information such as their social history, goals and aspirations. However, from the documents we saw, people had chosen not to share this information and this was respected by staff. The registered manager told us how they hoped over time, people would be more engaging to share this information.

- Social inclusion was promoted, people told us how they were supported to pursue interests and hobbies. On the day of our inspection a person told us how they had attended football practice and how they were supported twice a week by staff to attend a gym. Another person told us how they with others living at the service, had been supported on a daytrip to Blackpool a few days prior to our inspection. This person told us how staff had asked people where they wanted to go and how their choice was respected and acted upon. Additional activities talked about included, bowling and going out for meals and drinks. A person told us there was a good bus route into the city centre and local community amenities in walking distance. House meeting records showed how staff had discussed what activities people may wish to take part in and volunteer opportunities people may like to pursue.

- The service identified people's information and communication needs by assessing them. Staff understood the Accessible Information Standard. People's communication needs were identified, recorded and highlighted in support plans. These needs were shared appropriately with others. We saw evidence that the identified information and communication needs were met for individuals. For example, information such as the complaints information was in easy read language to support people's communication needs.

Improving care quality in response to complaints or concerns

- People had access to the provider's complaint information. People told us they were very happy with the service they received and felt confident to discuss any concerns with the staff and management team. A relative told us they had not had any reason to make a complaint, but felt assured if they did the registered manager would be responsive.

End of life care and support

- At the time of our inspection, no person was receiving end of life care. People had received opportunities to discuss their end of life wishes, but had chosen not to discuss this. The registered manager told us whilst this was a sensitive subject and they had respected people's wishes, attempts would continue to discuss this with people when they feel ready to have these discussions.

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

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- The provider had a clear vision and set of values for the service that was based on people receiving care that was person centred, responsive and transparent. The principles and approach of staff was to promote social inclusion and personal autonomy. This meant people received person centred care and were active citizens of their community.
- We saw from staff's approach they fully embraced the provider's vision and values. People were positive about living at University Care 2. A relative said, "This is the best placement by far my relation has experienced. There are high standards and staff do a very good job, I would give them ten out of ten."
- The provider had met their registration regulatory requirements of notifying CQC of certain information.

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

- Staff were clear about their roles and responsibilities, there was clear accountability and oversight by the management team and provider. This created an organised, relaxed and calm environment. This was confirmed by people who described the service as, "safe" and "relaxed."

The provider had policies and procedures that reflected current legislation and best practice guidance, and set out what was expected of staff when supporting people.

- A whistleblowing policy was in place. Whistle-blowers are employees, who become aware of inappropriate activities taking place in a business either through witnessing the behaviour or being told about it. Staff were aware on this policy and told us they would not hesitate to use if required.
- There was a system of audits and processes in place that continually checked on quality and safety. These were completed, daily, weekly and monthly. We found these had been completed in areas such as health and safety, medicines, incidents and support plans to ensure the service complied with legislative requirements and promoted best practice guidance. This protected people from receiving unsafe care. The service had an improvement plan, this included actions identified through internal audits and checks. This told us that the provider had procedures and systems in place that demonstrated the service was continually driving forward improvements to the service people received.

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

- At the time of our inspection the registered manager was in the process of sending annual surveys to people, relatives and advocates, staff and external professionals. This was to invite them to share their experience of the service. The registered manager told us they would analyse feedback received and

develop an action plan if any improvements were required.

- Regular house meetings were arranged for people who lived at the service, these meetings included information sharing such as any changes affecting the service, including discussions about the menu and activities. Staff meetings also supported staff to be involved in the development of the service. Both people who used the service and staff told us they felt valued, listened to and respected by the management team.

Continuous learning and improving care

- The registered manager and provider had a clear vision and plan of how they wished to develop the service. This was about promoting greater independence to support people to return to live in the community independently. Whilst the registered manager was experienced, they showed great drive and enthusiasm to continually learn and develop the service. They used CQC alerts and information sharing from the local authority and researched best practice guidance in learning disability and mental health care.

Working in partnership with others

- The registered manager told us how they worked with external health and social care professionals. They respected and welcomed this to enable staff to support people to gain positive outcomes.