

Mrs Susan Clay

University Care

Inspection report

17 Derby Road
Beeston
Nottingham
Nottinghamshire
NG9 2TA

Tel: 01158758568

Website: www.universitycare.co.uk

Date of inspection visit:
16 June 2017

Date of publication:
06 July 2017

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 residential home that provides care for up to four people, who are living with a learning disability or other mental health conditions. At the time of our inspection there were four people living in the home. At the last inspection, in September 2015, the service was rated Good. At this inspection we found that the service remained Good.

People continued to receive safe care and processes were in place to reduce the risk of people experiencing avoidable harm. Safe staff recruitment processes were in place and there were enough staff to meet people's needs. Safe medicine management processes were in place and people received their prescribed medicines safely.

The principles of the Mental Capacity Act 2005 (MCA) were used when decisions were made for people who lacked mental capacity to make specific decisions themselves. There were a small number of examples where a MCA assessment may be needed. People were supported to lead a healthy lifestyle with encouragement to maintain a balanced diet. Staff were well trained, received regular supervision of their work and felt supported by the registered manager to develop their roles. People's day to day health needs were met.

People and staff had developed positive relationships. Staff treated people with compassion, kindness, dignity and respect. There was a positive and friendly atmosphere within the home. People's independence was encouraged. People's care records were detailed and personalised which enabled staff to support people in line with their personal preferences. People were provided with an 'easy read' complaints process that supported people living with a learning disability. Effective systems were in place to manage any complaints that the provider may receive.

The service continued to be well-led. The registered manager was well liked by all and they carried out their role enthusiastically and professionally. There was a positive ethos and an open culture at the home resulting in an enjoyable working environment for staff, and a calm and friendly atmosphere for people living there. People and staff were encouraged to contribute to the development of the service. Effective auditing processes were in place.

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 remains safe.	Good ●
Is the service effective? The service remains effective.	Good ●
Is the service caring? The service remains caring.	Good ●
Is the service responsive? The service remains responsive.	Good ●
Is the service well-led? The service remains well-led.	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 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.

This was a comprehensive inspection that was completed by one inspector on 16 June 2017 and was announced. We gave the provider 48 hours' notice because due to the size of the service we needed to be sure that the registered manager, staff and people living at the home would be available.

Before the inspection, the provider completed 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. We also reviewed information that we held about the service such as notifications, which are events which happened in the service that the provider is required to tell us about, and information that had been sent to us by other agencies. This included the local authority who commissioned services from the provider.

During the inspection we spoke with two people living at the home, two members of staff including the registered manager and with two visiting healthcare professionals; a dietician and a community psychiatric nurse.

We looked at records relating to all four people living at the home as well as staff recruitment records. We looked at other information related to the running of and the quality of the service. This included quality assurance audits, training information for care staff, staff duty rotas, meeting minutes and arrangements for managing complaints.

Is the service safe?

Our findings

People received care from staff who understood how to keep them safe and to protect them from experiencing avoidable harm. A person we spoke with said, "Yes I feel safe, they've helped me get my life back on track." Another person said, "They make me feel safe."

Processes were in place that ensured if people were at risk of experiencing avoidable harm or abuse, the appropriate authorities were notified. The registered manager spoke knowledgeably about their responsibility to ensure any incidents that could affect people's safety were investigated fully. Staff spoken with could explain what they would do if they thought a person was at risk. One member of staff said, "I'd inform the manager, ring safeguarding if I needed to and would deal with the situation straight away."

Where assessed risks to people's health and safety had been identified, regular reviews were carried out. This ensured each person received appropriate care and support, without unnecessarily restricting their freedom, reducing the risk to their health and safety. Regular assessments of the environment were carried out to ensure it was safe. We did note the window in the bathroom on the first floor did not have a restrictor on it which meant people could use the window to access the home, or to gain access to the outside without staff being aware. The registered manager told us this would be addressed immediately.

A stable and consistent team of staff were in place which provided people with safe care and support. Robust recruitment procedures were in place which reduced the risk of unsuitable staff working at the home. For example, staff records showed that staff did not commence working at the home until the results of a criminal record check had been received. A regular review of the needs of each person assisted the registered manager in identifying how many staff they needed at certain times of the day. Where people required one to one support, records showed this had been provided. The registered manager told us their approach to the deployment of staff was flexible depending on the activities that were booked or during identified quieter times of day. The staff we spoke with all felt that there were enough staff in place to support people safely. Our observations throughout the inspection supported this. The two people we spoke with told us staff were always available when they needed them.

People told us they received their prescribed medicines when they needed them. Records showed there were clear medicine management systems in place that ensured people were protected from the risks associated with medicines. This included; photographs of each person to aid identification to prevent medicines being given to the wrong person and detailed records showing when a person had taken or refused to take their medicines. We did note that the way people preferred to take their medicines had not been recorded. This is important to ensure that people's individual preferences are taken into account to ensure the person is comfortable with taking their medicines when they needed them. The registered manager assured us that being a 'small home' that all staff who administered medicines understood how people liked to take them, but acknowledged it would be good practice to have this recorded in people's records.

Is the service effective?

Our findings

People told us the staff knew how to support them. One person said, "They seem to know what I want and need." Another person said, "The staff are helping me to do the things that I need to do today." A visiting health care professional praised the approach of all of the staff and also said, "Since [name] has been here they have thrived. That is down to a lot of hard work from the staff and the manager."

People received care and support from staff who completed a detailed training programme, designed to equip them with the skills needed to support people safely and effectively. We saw the training for all staff was up to date. This training included moving and handling and safeguarding of adults. Where people's needs had changed, training in these areas was provided in a timely manner. Staff were encouraged to undertake external professional qualification such as diplomas (previously known as NVQs) in adult social care. All staff received regular supervision and appraisal. The staff we spoke with told us they felt supported by the registered manager to carry out their role effectively.

People living at the home were able to make the majority of decisions about their care and support for themselves. People told us they were not forced to do anything they did not want to do. Where decisions were made for people where they were unable to give their consent, appropriate mental capacity assessments had been carried out. However, we did note that one person would have benefited from further assessments in a small number of areas to ensure decisions that were being made for them were done so in accordance with the Mental Capacity Act 2005 (MCA) and were in their best interests. The registered manager assured us they would carry out a review to ensure that all decisions made for this person adhered to the principles of the MCA.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We saw authorised restrictions were in place for one person which prevented them accessing the community alone. The staff spoke knowledgeably about providing this person with the least restrictive support as possible.

People were supported to maintain a healthy and balanced diet. Those at risk of not eating and drinking enough received the support they needed. Where further support was needed, timely referrals to dietitians were made. A visiting dietitian on the day of the inspection praised the approach of staff in relation to one person at the home and told us, "[Name's] nutrition has improved dramatically since being here." We observed people making meals and getting their own drinks throughout the inspection.

People had regular access to healthcare professionals and staff were vigilant to changes in people's health. The two professionals we spoke with during the inspection praised the approach of the staff. One professional said, "The staff work well together and listen and take on board what I say. Nothing worries me about this place."

Is the service caring?

Our findings

People and the staff who supported them got on well and had developed positive relationships based on mutual respect. One person said, "The staff treat me nicely. I like them." Another person said, "I think they [staff] like me. They help me to do the things that I want to do in my life." The two visiting healthcare professionals both spoke positively about the approach of staff and commented on the calm atmosphere at the home.

We observed staff engaging with people in meaningful conversation. People had varying levels of ability to communicate verbally and staff adapted their approach effectively with each person. Staff were respectful of people's opinions and choices. People controlled their own lives and were supported to do so. We observed staff listen respectfully and respond appropriately to a person who had become confused ensuring the person's agitation did not increase further. People's views and opinions were respected and staff treated people as individuals.

People's care records contained detailed information about their daily routines and staff spoken with could explain how they supported people. 'Easy read' information had been made available for people which was designed to increase people's ability to make informed choices and to develop their independence. For example, details of local amenities such as shops, cafes, pubs, libraries and parks were all provided in a format which people could understand and assisted them in making their own choices about where they wanted to go or what they wanted to do.

People were treated with dignity and respect. People's care records were treated respectfully and staff spoke discreetly when discussing people's personal care needs. We saw a person request a chat with the registered manager to discuss a matter that was important to them. The registered manager ensured this was done so in a place in the home that protected the person's privacy and dignity. We also saw staff respect a person's privacy when they told them they wanted to be left alone in their bedroom.

Staff were able to explain how they ensured people were treated with dignity at all times. They told us they felt confident in supporting people in a caring and dignified way. People were encouraged to do as much for themselves as they were able to and detailed care and support plans were in place to guide staff on each person's ability to carry out certain tasks.

Is the service responsive?

Our findings

People received care and support that met their individual needs. Detailed pre-admission assessments had been carried out to ensure people were able to receive the support they needed when they came to the home. These had been completed with the input of each person where able, and with relatives and health care professionals where appropriate. Following these assessments, care and support planning documentation were put in place to provide staff with the information they needed to support people effectively.

Staff were knowledgeable about people's individual needs and spoke confidently about the support they provided. Staff knew people's life history, personal preferences and likes and dislikes and we saw them use this information when supporting people. People told us they felt staff took the time to get to know them well and understood what was important to them. People's daily routines such as the time they liked to get up and go to bed, the times they liked to eat and the support needed with personal care were all respected by staff. An equality, diversity and human rights policy was in place. This policy explained how people should expect to be treated by staff. We noted in the service user guide provided for people living at the home this information had been made available in an easy to read format to aid people with varying communication needs. Staff spoke confidently about how they ensured people's human rights were respected.

People led active lives and, with the support of staff, were able to incorporate their chosen hobbies and interests into their lives. We saw one person playing video games within the home and others went out to their chosen activity. People attended a variety of events within the local community such as a local disco. Regular reviews of the activities people took part in as well as new activities were carried out to identify any areas of risk. The registered manager told us people were encouraged to lead as active a life as possible. One person told us staff supported them with obtaining important documentation such as a driving licence which helped them to feel valued and that their life was improving.

People told us they felt confident in making staff aware if they were not happy or if they wanted to make a formal complaint. A person we spoke with told us they had not needed to make a complaint but were confident it would be acted upon if they did. A complaints policy was in place. This was provided in an easy read format designed to support people with varying communication needs to understand. The registered manager could explain what action they would take if they received a complaint, but to date they told us they had not received any.

Is the service well-led?

Our findings

Staff spoke positively and passionately about their role which contributed to a positive atmosphere and open culture within the home. One staff member said, "I love my job, I love seeing the improvement in people. It is so gratifying to see people develop." Staff felt able to contribute to the development of the service, they felt confident to provide feedback and to challenge areas where they felt improvement was needed. Regular team meetings were held and the registered manager ensured a new topic for discussion or debate, such as a change of company policy was discussed with staff, offering them the chance to give their views. The staff we spoke with were aware of the provider's whistleblowing policy and told us they felt comfortable in challenging poor practice if they needed to.

Records showed people living at the home had recently been offered the opportunity to complete a questionnaire to give their views on the quality of the service they received. Questions were asked in areas such as; the support received from staff, the environment and whether people felt listened to. The questionnaire, provided in an easy read format, showed that people were happy with the quality of the service they received. A person who used the service said, "The staff listen to me, they make me feel important."

A registered manager was in place at the home. 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.

The registered manager led the home well, supported staff with providing care for people, as well as offering support to improve performance where needed. People living at the home, staff and the visiting professionals all spoke highly of the registered manager. One person said, "He is great." A staff member said, "The manager is awesome. I honestly get on with him well. If you need anything he will sort it out straight away." A visiting healthcare professional said, "The manager is good, anything I ask him to do, he does it."

Quality assurance systems were in place to help drive continued improvements at the home. Audits included regular reviews of the environment, people's care records and medicines. These audits identified areas that were performing well, but also helped the provider identify areas that required some improvement.