

# TRU (Transitional Rehabilitation Unit) Ltd

## Ashton Cross

### Inspection report

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23 March 2018

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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

The inspection took place on 14 and 23 March 2018. The first day was unannounced and the second day was announced.

Ashton Cross is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Ashton Cross consists of two residential care homes. The Beeches supports up to nine people and the Woodland supports up to six people. On the day of our inspection eight people were living in the Beeches and four people were living in the Woodland. Ashton Cross also supports people living in their own home within the community through their domiciliary care service. There were eight people receiving support at the time of our inspection.

The service has 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 a legal responsibility for meeting the requirements of the Health and Social Care Act 2008 and associated Regulations about how the service is run. The registered manager was absent from the service at the time of our inspection.

At the last inspection in November 2016 we found that some improvements were needed in relation to safe care and treatment. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Following the last inspection, we asked the registered provider to complete an action plan to show what they would do and by when to improve the key questions of Safe and Well-led to at least Good. The registered provider sent us an action plan that specified how they would meet the requirements of the identified breach. During this inspection we found all required improvements had been made.

This inspection was carried out to check that improvements had been made to meet the legal requirements planned by the registered provider after our comprehensive inspection in November 2016. The team of two inspectors inspected the service against all of the five questions we ask about services: Is the service Safe, Effective, Caring, Responsive and Well-led?

Improvements had been made in relation to people's safety. Window restrictors were now fitted to all required windows to ensure people were not at risk of falling.

Recruitment procedures were safe and robust and sufficient numbers of staff were employed to meet people's individual assessed needs. All staff had completed an induction process and undertaken shadow shifts with experienced members of staff. Mandatory training had been undertaken however, some training

required updates.

Staff received regular supervision and support through mentor meetings and also attended team meetings.

The registered provider had comprehensive audit systems in place that had identified areas for development and improvement. The information fed in to quarterly governance meetings.

There were clear safeguarding policies and procedures in place. Staff were knowledgeable and able to describe the process they would follow to raise any concerns. Staff also knew how to raise an alert with the local authority safeguarding team directly.

People's needs had been assessed and this information was used to create comprehensive person centred care plans and risk assessments that were regularly reviewed. People's needs that related to age, disability, religion or other protected characteristics were considered throughout the assessment and care planning process.

People had access to a variety of activities of their choice. The management team had developed relationships with local community organisations.

People received their medicines in accordance with best practice guidelines. Medicines were ordered, stored, administered and disposed of safely. Staff that administered medicines had all received up to date training and had their competency assessed.

The service operated in accordance with the Mental Capacity Act 2005 (MCA). Records showed that consent was always sought in relation to care and treatment.

The registered provider had a complaints policy and procedure in place. People knew how to raise a concern or complaint.

The residential homes were attractively decorated, well maintained, clean and all equipment was regularly serviced. All required health and safety checks had been undertaken and clear documentation was in place. All Fire safety equipment checks were in place.

The registered provider had a comprehensive range of up to date policies and procedures in place to offer clear guidance to staff as required.

## 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 ●

People's medicines were ordered, stored and administered safely.

Recruitment procedures were robust and sufficient staff were employed to meet people's needs.

Risk assessments were individualised and gave clear guidance to staff to promote people's independence and mitigate risk.

### Is the service effective?

Good ●

Staff had all received a comprehensive induction and new staff completed the care certificate.

The registered provider met all the requirements of the Mental Capacity Act 2005.

People had their nutrition and hydration needs met and had access to healthcare professionals.

### Is the service caring?

Good ●

People's privacy and dignity was respected and promoted.

People had developed positive relationships with staff that knew them well.

People's individual communication needs were considered and supported.

### Is the service responsive?

Good ●

People had access to a variety of individual and group activities.

Care plans were individualised and staff fully understood people's routines.

The registered provider had a complaints policy and procedure that people were familiar with and confident to use.

## Is the service well-led?

The service was Well-led.

Governance processes were in place to continually monitor the service and identify areas for development and improvement.

The registered provider had up to date policies and procedures in place to support and guide staff.

Positive relationships had been developed and established with community organisations.

Good 

# Ashton Cross

## **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 unannounced on 14 March 2018 and announced on 23 March 2018. The inspection was undertaken by one adult social care inspector on the first day and two adult social care inspectors on the second day.

We checked the information that we held about the service and the service provider. This included statutory notifications sent to us by the registered manager about incidents and events that occurred at the service. A notification is information about important events which the service is required to send us by law.

During the inspection we spoke with two people supported by the service to live in their own homes and two people in each of the residential homes. We also spoke to two relatives of people supported by the service. We spoke to 5 support workers, the deputy manager and a healthcare professional.

We also spent time looking at records, including two care plans for people supported by the service to live in their own homes, two care plans for people living in the residential homes, seven staff recruitment and training records, medication administration records (MARs), complaints and other records relating to the management of the service. We spent time observing staff interactions with people living in each of the residential homes.

We contacted the local authority safeguarding teams who told us they did not have any immediate concerns about the service.

## Is the service safe?

### Our findings

During the last inspection we found a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 because people's personal safety was not protected.

At this inspection we found all the above requirements had been met.

The environment at both residential homes was well maintained and clean. The entry to each residential home was by a keypad accessible to people living at the homes and the staff teams. Window restrictors were in place at both properties to prevent people falling.

All required health and safety checks were completed. Monitoring of hot and cold water temperatures, PAT testing, water flushing, equipment checks and servicing were undertaken regularly and clearly recorded. A fire risk assessment was in place and regular checks that included emergency lighting, fire doors, fire extinguishers and fire drills were undertaken. The fire alarm and fire fighting equipment was serviced regularly.

The registered provider had robust recruitment processes in place. Staff files included a fully completed application form with gaps in employment explained, interview records, to references that included the most up-to-date employer and DBS check. Staff rosters demonstrated that there were sufficient staff available to meet the individual needs of the people supported.

The registered provider had safeguarding policies and procedures in place that offered guidance to staff. Staff confirmed they had received safeguarding training and demonstrated a good understanding of signs and symptoms to look out for should abuse have occurred. Staff told us they felt confident to raise any concerns and believed they would be fully investigated. Staff knew that the local authority safeguarding team were responsible for investigating safeguarding concerns. Staff also described the whistleblowing policy and told us they had received training about this.

Risk assessments within the care plans were specific to each person. Areas of risk were identified and included clear guidance for staff about the level of intervention required to mitigate the risk. Risk assessments included moving and handling, nutritional needs, behaviours, personal care and skin integrity. People's independence was promoted wherever possible throughout the risk assessments. People told us they had been involved in their development. Risk assessments clearly stated if a person had not contributed to their development.

An environmental risk assessment was in place for both residential homes. An audit had recently been undertaken and highlighted areas for development and improvement. For example external lighting had been identified as being required outside the residential homes and this had been signed as actioned.

Medicines were ordered, stored, administered and disposed of in accordance with good practice guidelines. Staff that administered medicines had all completed training and had their competency regularly checked.

Medication administration records (MARs) were fully completed and regular audits were undertaken. 'As required' medicines had PRN protocols in place. Within the residential homes fridge and room temperature monitoring checks took place daily to ensure medicines were stored at the correct temperature. This meant people received their medicines safely.

Accidents and incidents were fully documented and reviewed by the management team. The analysis undertaken included the type of incident or accident, the location and the behaviours displayed by people. This information was used to identify any trends or patterns within the service to put interventions in place to reduce future risk.

Staff had all completed infection control training and used safe working practices that reduced the risk of infection. Staff used personal protective equipment (PPE) when providing personal care. A recent audit of infection control had been undertaken and identified the need for a sluice washing machine. The machine was promptly purchased and installed.

## Is the service effective?

### Our findings

Staff spoke positively about their induction and the training they had undertaken to prepare them for their roles. People told us that staff knew what they were doing and appeared competent in their roles. Comments from people included "All the staff are very professional and know what they are doing" and "The whole team understand me and definitely have the skills to manage me as a person".

Records showed that all staff had completed a comprehensive induction. Staff employed since the last inspection had all completed the Care Certificate, which is a nationally recognised qualification based on a set of minimum standards that social care and health workers follow in their daily working life. Staff told us and records confirmed they had completed shadow shifts with experienced staff within the homes or out in the community prior to any lone working. Staff said they had received sufficient training to undertake their roles.

Records showed the completion of required training had taken place for most staff that worked within the residential homes. Training topics included moving and handling, food and nutrition, first-aid and infection control. The majority of staff had completed acquired brain injury and violence and aggression training.

However, staff who worked to support people to live in their own homes were not all up to date with their refresher training. The registered provider assured us that they would review and update the training available to the staff team. Following our inspection we received confirmation of training that had been undertaken and also a plan that would ensure all staff were up to date with their training by June 2018.

Staff told us they had regular mentor (supervision) meetings to review their practice and discuss any concerns they had personally or professionally. Staff told us there was an open management culture and they felt confident to raise any issues as and when they arose. An appraisal took place annually to highlight any areas for development and improvement.

People were supported with their nutrition and hydration in accordance with their assessed needs. Each person's needs were managed individually and included person specific menu planning. This meant that if a person could prepare their own breakfast and lunch this would be supported by the staff team and specific guidance was in place for this. For example, one person's records stated they had prepared a blueberry smoothie for their breakfast. Another person told us they enjoyed baking cakes. People we spoke to told us they regularly chose to eat out in the local community and always enjoyed this. They told us they were encouraged to choose the places that they visited.

Communication between staff, people supported by the service and their relatives was good. Within the residential homes we saw comfortable conversation take place and evidence of established positive relationships.

People who we visited in their own homes told us the staff knew them well and they enjoyed lots of banter. They told us they had familiar staff that had worked with them for a good length of time and they valued

this.

People were supported by staff to maintain their health and well-being with the support of the clinical team and community healthcare services. The registered provider worked closely with district nurses, occupational therapists and GPs.

People who lack the mental capacity to consent to arrangements for necessary care or treatment can only to be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act (MCA). The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). DoLS were evidenced within the care plan files reviewed. The procedures for this when people live in their own home within the community are called Court of Protection (CoP) orders.

The service operated in accordance with the principles of the Mental Capacity Act 2005 (MCA). The registered provider was knowledgeable about the MCA and DoLS and knew the CQC needed to be notified when the outcome of any application was authorised. Discussions with people confirmed that their consent was sought by staff in relation to care and treatment and the records supported this. People's comments included "I decide when I get up, when I eat, what activities I do and the staff respect this. They do also explain that I am participating in a rehabilitation programme and encourage me to follow my plan." We saw evidence within the care records that people were fully involved and consulted at all times. The people living within the residential homes that were supported by a DoLS had all appropriate documentation in place. The people supported to live in their own homes did not have a CoP order in place at the present time.

We saw that peoples' rooms were pleasantly decorated and people were encouraged to personalise their rooms. People had their own photographs, ornaments and other small pieces of furniture in their rooms. One person enjoyed painting and had their work framed and displayed on their walls, they told us "I enjoy art and having my work on the wall makes me feel proud."

# Is the service caring?

## Our findings

People and their relatives spoke very positively about the staff and management team. People's comments included "Staff accept me for who I am and don't judge me" and "The staff are good listeners and understand me well." A relative's comment included "Staff are very patient and demonstrate kindness."

All of the people who lived in the homes and those supported within their own homes in the community had a designated support worker known as a 'support coach'. This helped to promote familiarity between people and staff. This also helped to build good relationships and trust between people and staff. We observed people being offered and supported to make choices throughout each day of our visit.

People told us and we saw that staff treated them with respect and kindness. People spoke positively about the quality of care they received. One person told us, "I feel very supported, I am living my life the way I want to live it." Another person said "The staff seem to really care about me and we get on great."

Staff were aware of the need to maintain privacy and dignity when providing personal care and ensured any support was carried out in private. We saw examples of this during our inspection, people would go to their own rooms for any personal care and staff would provide such care in a discreet manner. Staff were seen to knock on people's doors before entering.

We spent time sitting with people in the homes. We observed positive relationships and interactions between people and the staff, including the deputy manager. There was plenty of chatter and banter. People appeared to be comfortable and relaxed in their environment. We noted that people had a good rapport and relationship with the staff and that staff had ample time to support people. For example, one person enjoyed doing jigsaws and we saw staff taking time to sit and help with this.

During our inspection, we spoke with members of staff that showed a genuine interest and concern towards the people they supported. All staff demonstrated a good understanding of people's histories as well as likes, dislikes and key information that ensured people received support in the way they chose.

People's individual communication needs were considered throughout their care plans. This included information about any sensory loss along with clear guidance for staff about how to support each person's individual need. One person required staff to allow them additional time for processing information and preferred short sentences; another person was hard of hearing and required staff to speak slowly and clearly.

We found that confidential information, such as people's care records and daily care logs were kept securely and only accessed by appropriate staff.

## Is the service responsive?

### Our findings

People's needs were assessed prior to them being supported by the service. Information from the assessment was used to form the risk assessments and care plans in each person's care file. Equality and diversity was considered during the assessment process and key information used within the care plans. This information included age, disability, religion and other protected characteristics. One person told us they were regularly supported to attend church which was important to them. People and their chosen relative told us they had been included in the development of their care plans.

We saw people's individual needs had been identified and their personal preferences were evidenced. People's independence was promoted particularly within their activities of daily living and personal care routines. For example, one person needed some prompting from staff throughout their personal care routine to remind them of the sequencing required to undertake this essential task. Guidance was also included for staff about each person's likes, dislikes, do's and don'ts when working with the person. For example, do be positive, learn about my epilepsy, don't tell me I'm shouting, only one person give me feedback at any time.

Each person had an 'All about me' document that included, 'What I want', 'What's important to me', 'Who is important' and 'How I like to be supported'. One person's 'All about me' document stated feeling happy and safe was important, and also their family were important to them. People's views and wishes wherever possible were documented throughout their care plans. When a person was unable to express their views the care plan stated this. For example, [Name] is unable to express their views so the information is based upon opinion and observations of their immediate staff team who have worked with them over a long period of time.

People were supported to access the community and told us they enjoyed shopping trips into town, outings to coffee shops and restaurants and day trips to the seaside. People were also supported to access educational and vocational courses either through the service or with local colleges affiliated to the service. Two people told us they enjoyed volunteering at local charity shops, one person said they cleaned tables at a local coffee shop and enjoyed meeting new people. Other activities and vocational placements included NVQ in horticulture, NVQ in cookery, IT awareness course, numeracy and literacy course, money management programmes, fishing, joinery, hydrotherapy, wallpaper hanging, DIY skills, car mechanics and art. This meant people had access to a wide variety of purposeful activities of their choice.

People were supported to pursue hobbies and leisure activities. These included crafts and design, football, snooker, bingo, quiz nights, cinema visits and drama club. The drama club put on shows at least twice a year and people spoke enthusiastically about this. One person told us the club had helped them to improve their confidence and offered them the opportunity to make new friends.

Grub club took place each month and was an opportunity for people from across all the registered provider's services to get together with friends to enjoy a themed evening. People supported chose the themes and recent ones had included Italian, Chinese and Mexican nights. People made themed

decorations and chose the menu which included a choice of three or four meals. The dining room would be set up to look like a restaurant and staff served the meals.

Information was available to people in a format to meet their individual needs. This included easy read, pictorial and large print documentation to promote accessible information.

The registered provider had a clear complaints policy and procedure in place. People told us they knew how to raise a concern or complaint and felt confident to do so. Records showed that an acknowledgement letter was sent when a complaint had been received and following investigation a letter of explanation was sent to the complainant.

## Is the service well-led?

### Our findings

During the last inspection we found the registered providers audit systems had not identified some areas of risk within the service. We found this had been addressed at this inspection.

The registered manager had been in post for many years.

People and their relatives told us they were happy with the service. They told us that they knew who the manager was and felt confident to contact them if they needed to. Comments from people included "I would contact the manager if I had any problems, I know she would listen to me", "I can speak to any of the staff and they will listen to me" and "I don't want to be here but I do understand that I need this rehab to move forward with my life."

The registered provider regularly sought feedback from people through quality audit questionnaires. We saw that this information had been collated and analysed. Objectives had been created, actions agreed for completion, by whom and when. Actions were signed and dated when completed. This meant information gained from feedback was used to further develop and improved the service.

Audits within the residential homes were regularly undertaken and included environment, medicines management, infection control, data protection, environment, complaints, accidents and incidents. Actions identified were addressed within specified timescales.

Audits for the community service included complaints, activity options, care plans and MARs. These were fully completed and areas for development and improvement were highlighted within the identified actions. These were signed and dated when completed. However, we found that the audit systems had not identified that staff training required updates to ensure staff had the up to date knowledge to undertake their roles.

The registered provider held quarterly governance meetings. Information collated through the audit systems in place was discussed by the senior management team, registered manager and clinical leads. Areas for development and improvement were identified and resources allocated as required.

The registered provider had developed positive relationships with external organisations. People had access to volunteering opportunities with local businesses and charitable organisations. Local colleges supported people to achieve qualifications in their areas of interest including horticulture. This meant people had the opportunity to expand their horizons and meet their goals.

Staff meetings were held regularly to update staff with any changes within the service. Recent meetings had discussed extra responsibilities, group outings, care plans and mentor meetings.

Staff were also represented at the registered providers 'staff forum'. Staff representatives from across all services met to discuss areas for development and improvement. For example, concerns had been raised regarding the value of the current appraisal process. The senior management had agreed to review the

process and had introduced a more purposeful system to benefit everyone.

People attended residents meetings that were held regularly to discuss group planned outings and activities that included Sunday lunch and activity, Tuesday activity and Saturday takeaway. People were encouraged to raise any concerns as well as put forward ideas for activities or changes within each home.

The registered provider had an up-to-date set of policies and procedures available for staff to give them guidance in all areas of their work role and employment.

The ratings from the previous inspection were clearly displayed on the registered provider's website.