

# TRU (Transitional Rehabilitation Unit) Ltd

## Chapel House

### Inspection report

1 Newton Road  
Billinge  
Wigan  
Greater Manchester  
WN5 7LA

Tel: 01744638648  
Website: [www.trurehab.com](http://www.trurehab.com)

Date of inspection visit:  
06 February 2019  
07 February 2019

Date of publication:  
25 March 2019

### 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: Chapel House is a 'care home' supporting people that have experienced an acquired brain injury. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

Chapel House consists of a residential care home supporting up to 18 people. They were supporting 14 people at the time of our inspection. They also support 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.

People's experience of using this service:

People received safe and effective care from kind and caring staff. People had been fully involved in the assessment and planning of their care prior to being supported by the service and throughout the first 12 weeks. Care plans were comprehensive and regularly reviewed to ensure the most up-to-date information was available for staff. Staff had a good understanding of people's individual needs and had developed positive relationships with them.

Safe recruitment procedures were followed and people were supported by staff that were trained and supported. Staff and the management team worked closely with health and social care professionals to ensure people were supported.

Risks to people had been identified and clear guidance was in place to ensure staff could mitigate these risks. People were included in the development and review of their risk assessments.

An infection control policy and procedure was in place to minimise the risk of infection being spread. Staff had all undergone training and had access to personal protective equipment (PPE).

Staff supported people with activities of their choice. People had access to education and volunteering placements. People spoke positively about the activities they participated in. The provider had organised and invited people who use the service to social events to help prevent social isolation.

Medication was managed safely by trained and competent staff. Staff had access to a selection of medication policies and best practice guidance.

People are protected from the risk of abuse by staff that had received safeguarding training and knew how to report any concerns they had. There was an up-to-date safeguarding policy available for staff to refer to.

People's privacy and dignity was respected and their independence was promoted. People spoke positively about the staff that supported them. People told us their views were regularly sought regarding their care,

activities and suggestions for changes.

The registered provider complied with the principles the Mental Capacity Act (MCA) 2005. Staff understood and respected people's right to make their own decisions where possible, and encouraged people to make decisions about the care they received. Mental capacity assessments and best interest decisions were completed in line with the MCA.

Rating at last inspection: Good (Report published April 2016).

Why we inspected: This was a planned inspection based on the rating of the last inspection.

Follow up: We will continue to monitor all intelligence we receive about the service until we return to visit as per our 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.

# Chapel House

## 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

#### Inspection team:

The inspection was carried out by one adult social care inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. Their area of expertise was brain injury in young adults.

#### Service and service type:

Chapel House is a care home. People in care homes receive accommodation and personal care. CQC regulates both the premises and the care provided and both were looked at during this inspection.

Chapel House also offers a domiciliary care service. The service provides support and personal care to people living in their own homes.

The service had two managers registered with CQC. One managed the residential element of the service and the other was responsible for the domiciliary care service. 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:

The inspection was unannounced on the first day and announced on the second day.

#### What we did:

Our planning considered all the information we held about the service. This information included notifications the provider had sent us, to notify us about incidents such as safeguarding concerns, complaints and accidents. A notification is information about important events which the service is required to send us by law. We also contacted the commissioners of the service to gain their views.

The provider had 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 any improvements they plan to make. This information formed part of our inspection planning document.

During the inspection, we spoke with 10 people who were living at Chapel House and one person supported to live in their own home. We spoke with two family members and both registered managers as well as six members of staff.

We looked at three care files and a selection of medication administration records (MARs). We looked at other records that related to the monitoring of the service, five staff recruitment records, training records for all staff, resident and staff meeting minutes and accident and incident records.

After the inspection the provider sent us some additional information about staff training, up to date policies and procedures and additional evidence for consideration as part of the inspection.

# 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

- An up-to-date safeguarding and whistleblowing policy was in place and all staff had received training and refresher updates.
- Staff were familiar with safeguarding procedures and felt confident to raise any concerns they had. One member of staff told us, "I feel I have had enough training to recognise abuse and would feel confident to raise any concerns I had."
- People told us they felt safe living at Chapel House. Comments included, "It's a brilliant place, I do feel safe here" and "I feel very safe and protected."

Assessing risk, safety monitoring and management

- Comprehensive risk assessments were in place and included guidance for staff to follow to manage and reduce the level of risk. For instance, people had risk assessments in place for falls, self-neglect, activities, swallowing difficulties and behaviours that may challenge.
- Risk assessments were regularly reviewed and included up-to-date information for staff to follow.
- Regular safety checks were carried out on the environment and all equipment used.
- Each person had an up-to-date personal emergency evacuation plan (PEEP). Emergency checks were regularly undertaken and clear emergency procedures were in place.

Staffing and recruitment

- Recruitment procedures were safe. The registered provider ensured all new staff had a Disclosure and Barring Service (DBS) check in place to ensure they were suitable to work with vulnerable adults. Previous employment references had been obtained.
- Appropriate numbers of suitably qualified and trained staff were on duty to meet people's individual needs and keep them safe.
- People were supported by staff that knew them well. Staff had a good understanding of their individual needs and how to keep them safe.

Using medicines safely

- The procedures for the management of medication were safe. Staff received medication training and had their competency checked regularly.
- Medication policies and procedures as well as good practice guidance were available for staff to support their practice.
- Medication administration records (MARs) were in place and had been fully completed. Regular medication audits were undertaken to ensure people had received their medicines safely. Any areas for development and improvement were identified and actioned.

### Preventing and controlling infection

- Systems were in place to safely manage and control the prevention of infection. Infection control procedures were in place and all staff had received training to ensure they maintained a safe and clean environment for people to live in.
- Personal protective equipment (PPE) that included gloves and aprons was available to staff working in the home and when working in the community.

### Learning lessons when things go wrong

- There were systems in place for the recording and monitoring of accidents and incidents. The registered manager reviewed these regularly and monitored them to highlight any themes or trends. Analysis was undertaken to identify risks and minimise future occurrences.



# 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

- Systems were in place to assess and regularly review people's needs and wishes in line with legislation and best practice.
- People, their relatives and health care professionals had all been fully involved in the assessment and planning of people's care before they started using the service. Assessment continued throughout the first 12 weeks of their placement at the service.
- People told us they were involved in regular reviews of their care plans.

Staff support: induction, training, skills and experience

- Staff had the right knowledge, skills and experience to meet people's needs effectively.
- All staff received a full induction into their role and told us they were provided with all training they needed to fully meet people's needs. They had undertaken shadow shifts with experienced members of staff.
- People spoke positively about the staff and their comments included; "Yes, I think they are all well trained" and "The staff that have been here a long time do a lot, it's always been like that."
- Staff received an appropriate level of support for their job role which included supervision and team meetings.

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

- People were supported to eat and drink in line with their personal preferences and dietary needs.
- Staff were familiar with people's individual dietary requirements. Clear guidance for staff was included within people's care plan files and risk assessments.

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

- Staff worked closely with external agencies that included voluntary placements and colleges to support people to access education and purposeful activity.
- People told us that staff supported them to attend appointments with health care professionals that included a GP, dentist and neuropsychologist and . Their comments included "Staff supported me when I needed to go to hospital" and "This is the best rehab I have been to, [Staff name] is amazing."

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

- People were supported by local advocacy services to ensure their views were represented.
- People had access to internal healthcare professionals that included occupational therapists, physiotherapists and speech and language therapists.

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

- The layout of the building supported people's freedom of movement around the home.
- Some parts the environment had recently benefited from redecoration. Signage was in place to assist with people's orientation around the home.
- The registered manager told us they were committed to supporting people and providing specialist equipment and support aids as required. An example of this was a piece of equipment introduced into a person's own home to promote their independence when self-medicating.

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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). Applications to deprive people of their liberty and community services must be made to the Court of Protection.
- 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.
- Where people did not have the capacity to make specific decisions, systems were in place to ensure they had maximum choice and were supported in the least restrictive way possible.
- When people were deprived of their liberty, managers worked with the relevant local authorities, to seek appropriate lawful authorisations.
- People were appropriately assessed and best interest meetings/decisions were in place as a measure to keep people safe.
- Staff had received MCA training and understood that they could not deprive a person of their liberty unless it was legally authorised. Staff described the importance of seeking a person's consent before starting to provide any care or support.

# 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 told us they received support from regular staff that knew them well. They had developed positive relationships with staff and valued their support.
- Staff had undertaken training in equality and diversity and were able to describe the importance of treating people as equals.
- People told us staff had a good understanding of their needs, wishes and preferences as well as likes and dislikes.
- People were supported by staff that were kind and caring. Comments from people included "Most staff are understanding and empathetic" and "Staff are kind and friendly."

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

- People in the care home told us 'residents meetings' were held every week. They said their views and opinions were consistently invited and also acted upon if appropriate.
- People told us they were involved in making decisions about their care and support. They were confident in expressing their views.
- Reviews of the care people received were undertaken regularly. People had the opportunity to express their views about the support they received.
- People and their relatives told us they felt confident to express their views and were given ample opportunity to do this.

Respecting and promoting people's privacy, dignity and independence

- Staff treated people with dignity and respect.
- People's care plans clearly described their level of independence and how staff were to support and promote this.
- Staff ensured that people's confidentiality was maintained. People's personal information was stored securely and only accessed by authorised staff. Information was protected in line with General Data Protection Regulations (GDPR).
- People told us they were consistently offered choice and mostly had control over their day-to-day lives. People understood they were following a rehabilitation programme and some structure was required as part of their plan due to their brain injury.
- People's care plans included guidance for staff about how to communicate effectively and to understand people's individual communication needs and choices.

# 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

- Comprehensive care plans provided staff with clear instructions and guidance about how to meet people's preferred needs.
- Staff completed a written record of the care and support provided. These records reflected that people's individual needs were being met.
- People received support from regular staff that knew their routines well.
- The Accessible Information Standards (AIS) were being met. The standards were introduced by the government in 2016; ensuring that people with a disability or sensory loss were provided with information in a way they could understand. Information was provided in appropriate formats as required.
- People had access to a wide and varied range of activities within the service and in the local community. Comments included "I do my own radio show across the services, we cover things like news, weather and play records", "I like to play snooker, go bowling and visit the cinema", "I am doing 'Mama Mia' in our drama group, I love it!" and "I love to watch the rugby, I am a season ticket holder and am supported to go regularly."
- People had the opportunity to participate in educational training and volunteering placements within the local community.
- The provider organised social and fundraising events for people and staff. This had supported people to develop friendships and to reduce the risk of social isolation. People spoke positively about the 'Grub Club' which was a themed evening held each month. People from across all of the provider's services came together to enjoy a themed meal as well as an opportunity to socialise. People told us they had enjoyed the Chinese New Year themed evening and had participated in decorating the venue for the occasion.

Improving care quality in response to complaints or concerns

- The registered provider had a complaints policy and procedure in place. People told us they knew how to raise a concern and felt confident to do so with a member of management.
- Complaints were investigated and responded to in line with the complaints policy.
- People were encouraged to share their views about the care they received through regular meetings and quality questionnaires.

End of life care and support

- People's specific wishes and preferences were recorded within their care plans.
- Appropriate health care professionals were involved in people's 'end of life' care.
- At the time of our inspection, nobody was being supported with 'end of life' care. The registered manager confirmed that staff had received training to support people when this time arrived.

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

- The staff and management team are committed to delivering care and support that was developed to meet people's individual needs and improve their overall quality of life.
- Staff and management team had developed positive relationships with the people they supported.
- People were engaged in meaningful activity and staff offered choice and variety.
- People had the opportunity to access the local community and to undertake educational placements and volunteering.
- The registered managers showed a commitment to providing person centred, high-quality care by engaging with everyone using the service, their relatives, staff and other stakeholders.
- The registered managers work closely with other agencies to ensure positive outcomes for people. This included working with health and social care professionals and commissioners so that people received the care and support they required to meet their rehabilitation needs.

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

- Quality assurance systems and processes were in place; people received safe, effective and high quality care from staff that were familiar with their needs.
- The registered managers and staff understood their responsibilities for ensuring that risks were quickly identified and mitigated. Risks to people's health, safety and well-being were effectively managed through the ongoing review and monitoring of the service.
- The registered manager's knew their responsibilities in line with regulatory requirements. They knew to notify CQC of incidents and events that occurred at the service.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; working in partnership with others

- There were clear processes in place to obtain the views and opinions of people, family members and staff about the service.
- Staff told us they felt supported by the management team. They said they could talk to the managers about any issues they had inside or outside of work.
- Staff are engaged and involved in the running of the service through regular team meetings.
- Positive relationships had been formed with external health and social care professionals. The provider worked with commissioners, healthcare professionals and social workers to ensure the best possible

outcome for people.

#### Continuous learning and improving care

- The registered managers and staff received regular training and support for their roles to ensure their practice remained up-to-date and safe.
- Learning took place from accidents and incidents that had occurred at the service to minimise the risk of future occurrence.
- Governance meetings took place regularly with representatives from the registered provider to identify areas for development and improvement. Action plans were developed and signed off as completed.