

TRU (Transitional Rehabilitation Unit) Ltd

Lyme House

Inspection report

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Date of inspection visit:
25 April 2017
28 April 2017

Date of publication:
03 July 2017

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?	Requires Improvement 
Is the service effective?	Good 
Is the service caring?	Good 
Is the service responsive?	Good 
Is the service well-led?	Requires Improvement 

Summary of findings

Overall summary

The inspection took place on 25 and 28 April 2017. The first day was unannounced.

Lyme House is part of the Transitional Rehabilitation Unit group (TRU). The service provides rehabilitation for up to 21 people with a diagnosis of an acquired brain injury (ABI). There were 14 people using the service at the time of our inspection.

The service has a registered manager in post. The 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 in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

During our inspection we found two breaches of the Health and Social Care Act 2008 (Regulated Activities) 2014. You can see the action we have asked the registered provider to take at the end of the report.

The registered provider had medicines policies and procedures in place, however these were not safely followed. Medication administration records were not accurately completed. Medication errors had not been investigated in line with the registered provider's procedures.

Quality assurance audits did not consistently identify risks within the service. Audit systems did not demonstrate actions completed or timescales for completion and they failed to show who was responsible for actions. Systems did not identify where improvements were required or any patterns or trends in order to prevent accidents or incidents from re-occurring.

Staff recruitment procedures were robust and appropriate checks were carried out prior to staff starting their employment. All staff received a thorough induction that included shadowing an experienced member of staff. All staff undertook mandatory training at regular intervals to ensure they remained up-to-date with their knowledge and skills.

There were sufficient numbers of staff to safely meet the needs of the people living at the service. People told us there were always staff available to meet their individual needs.

Staff had received safeguarding training, and they described the signs that may indicate abuse was taking place. Staff demonstrated a good understanding of the procedures that needed to be followed in the event of a safeguarding alert needing to be raised with the local authority.

People had their needs assessed prior to living at the service and were involved in the development of their care plans. Staff had access to comprehensive care plans and risk assessments which gave them clear direction about how to meet a person's individual needs and all care plans were reviewed regularly.

People's dietary needs and preferences were met. Care plans clearly documented the support people required. People were supported to prepare their own food and drink where possible.

People told us that they had regular staff supporting them and they were caring in their approach. We observed positive relationships between people and staff.

The Care Quality Commission are required by law to monitor the operation of the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS) and to report on what we find. We saw the policies and guidance were available to all staff in relation to the MCA and DoLS. Staff had undertaken training and demonstrated an understanding of this. People's care records demonstrated their involvement in decision-making processes. Mental capacity assessments were in place and best interests meetings were clearly documented for people who lacked capacity.

People and their family members knew how to raise concerns or complaints and felt confident to do so. People felt the registered manager was approachable and want endeavour to resolve any concerns or complaints.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement ●

The service was not always safe.

People's medicines were not always administered safely and medication administration records and stocks were not always accurate.

Recruitment processes were safe. There were sufficient numbers of staff to meet people's needs.

People felt safe and there were systems in place to reduce the risk of abuse.

Is the service effective?

Good ●

The service was effective.

The registered provider was aware of their responsibilities in relation to the Mental Capacity Act 2005 and all staff had completed training in this area.

People's dietary needs were monitored so that people received sufficient food and drink.

People were supported by trained staff that had the right knowledge and skills to meet their individual needs.

Is the service caring?

Good ●

The service was caring.

People spoke positively about the support provided by staff and the relationships they had developed with them.

People's privacy, dignity and independence were respected and promoted.

People were supported to access advocacy services when they needed to.

Is the service responsive?

Good ●

The service was responsive.

People's care records were person centred. Staff had a good understanding of people's needs and how to meet them.

People were supported to take part in both one to one and group activities of their choice.

People were provided with information about how to raise a concern or complaint.

Is the service well-led?

The service was not always well led.

The registered providers systems to monitor the quality and safety of the service were not always effective.

People told us the registered manager was approachable and available to speak to if they had any concerns.

The registered provider had a range of policies and procedures that were up-to-date and regularly reviewed.

Requires Improvement 

Lyme House

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 was planned to check 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 inspection took place unannounced on 25 April 2017 and announced on 28 April 2017. The inspection was carried out by one adult social care inspector.

Before the inspection the registered 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 looked at the information provided by the local authority, safeguarding team and commissioning team.

We reviewed information we held about the service including the previous reports, notifications, complaints and safeguarding concerns. A notification is information about important events which the service is required to send us by law.

During the inspection we looked at care records for three people and spent time observing the care provided to them. We also spoke with two relatives, six members of staff including the registered manager, deputy manager and support staff. We observed staff supporting people throughout both days of our visits and reviewed recruitment records for four members of staff and records relating to the management of the service.

Is the service safe?

Our findings

People's comments included "Staff keep me safe when I'm in the community" and "I feel safe here and I am well looked after". Family members told us that they felt their relatives were safe living at the service. One family member commented "I cannot have my relative staying at home at the moment so it is really important that I know they are safe here".

Each person had a medication administration record (MAR) that detailed their prescribed medicines and the times they needed to be administered. The medication administration system was not fully effective. The amounts of medicines recorded on MARs as being in stock for three people did not correspond with the actual medicines available at the service. There were missing signatures on 3 people's MARs reviewed on 25 April 2017. There were 8 missing signatures on MARs reviewed within two care plan files reviewed. The registered provider had recently identified concerns with their medication administration system and was in the process of retraining all staff responsible for this task. Medication errors which had occurred had not been reported in line with the registered providers policies and procedures. This meant people were at risk of not receiving medication in a timely manner, putting their health and safety at risk.

When people went on approved home leave a separate document was completed for the removal of medicines from the service for the duration of the time they were away. Three documents reviewed did not include sufficient information including the dates of removal, person's name and staff signature. This meant people's medicines may not have been recorded accurately.

The location of the medicines locked storage cabinet was identified as a factor of recent medication errors. It was located within a busy seating area where people congregated within the service. The registered provider had identified a room to be used for this purpose and works were being undertaken for it to be made suitable.

'As required' (PRN) medicine care plans were in place for people who were prescribed PRN medication. However they did not provide adequate detail to ensure staff had the information and guidance for the safe use of PRN medication. For example there was not clear guidance for minimum timescales between the administrations of medication including paracetamol which requires a minimum of four hours between doses. We discussed this with the registered manager who stated they would review them and update them to include the required information.

This is breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 because the registered provider failed to have effective systems in place for the management and administration of people's medicines.

The registered provider undertook health and safety inspection checks throughout the service on a regular basis to ensure that people were safe. Records demonstrated satisfactory inspection certificates that included gas, electric and Portable Appliance Testing (PAT). Checks included firefighting equipment, emergency lighting and fire alarm systems. All staff had undertaken health and safety training as well as fire

safety training. The registered provider had an up-to-date fire risk assessment and all people living at the service had a personal emergency evacuation plan (PEEP) in place specific to their individual needs. However, fridge and freezer temperatures were not consistently recorded in the kitchen which meant people were at risk of their food not being stored safely. Required food serving temperatures were not consistently recorded leaving people at risk of harm.

Staff recruitment procedures were in place. Recruitment records showed that staff had completed an application form and attended an interview. The registered provider had undertaken all appropriate recruitment checks prior to staff working at the service. The checks included a disclosure and barring service check (DBS). The DBS is a check carried out to ensure that staff do not have a criminal history. This helps employers make an informed decision about whether staff are suitable to work with vulnerable adults.

There were sufficient numbers of staff in place to meet people's individual needs and keep them safe. Rosters took into consideration activities that people undertook on particular days as well as supporting people to visit relatives via home visits. The registered provider did not use agency staff, however they did utilise staff from other areas of the organisation that were familiar with people living at the service. This meant people were supported by staff that understood their needs and knew them well.

A safeguarding policy and procedure was in place and all staff attended regular safeguarding training. Staff described how they would recognise signs and indicators of abuse. They were aware of when and who to report any concerns they had. Records showed that safeguarding issues had been appropriately shared with the local authority that these were investigated to ensure people's safety. A significant safeguarding investigation was underway at the time of our inspection.

Records showed and discussions with staff confirmed they had received training in whistleblowing procedures. Staff described the process they would follow to alert a senior manager or external organisation if they had any concerns about the safety of the people they supported.

Risk assessments were in place to ensure that people's safety was maintained. Risk factors considered included verbal and physical aggression, lack of awareness and safety as well as home visits. Information within these documents gave clear guidance to staff for the management of each individual person's identified risks. Risk assessments were reviewed and updated regularly to ensure staff always had the most up to date information available to them. The registered provider demonstrated a clear process for the management of risk.

Incidents and accidents were clearly documented and included details from before, during and after the incident. Incidents were reviewed in detail and when required they included a review of staff conduct. Incidents were reviewed regularly by the registered manager and registered provider. Consideration was given for any patterns or trends so that action could be taken to minimise any future risk and the likelihood of re-occurrence.

Staff had access to personal protective equipment and this was available and used by staff throughout the service to prevent cross infection. For example, gloves and aprons were seen to be used by staff when delivering personal care. The registered provider had undertaken infection control audits in August and September 2016. Actions had been identified and the registered manager confirmed most actions were complete however the documentation had not been updated to reflect this.

People were protected by staff who knew how to respond to unforeseen events and emergencies. People living at the service and staff all had access to on-call managers that were available 24 hours a day, seven

days a week. This ensured a member of the management team was always available to provide advice and support.

Is the service effective?

Our findings

People and family members all spoke positively about the staff at the service. One person told us that staff really understood their brain injury and this meant a lot to them. One family member told us that the staff had been trained by the therapists to follow their relative's therapy programme which included physiotherapy and occupational therapy. They told us this meant their relatives sitting position had improved as well as their overall health and well-being. Another family member said "All the staff are brilliant and so well trained".

All staff completed a comprehensive induction programme at the commencement of their employment. This included two full weeks of classroom training and an extended period of time spent shadowing an experienced member of staff. All new staff completed The Care Certificate. The Care Certificate is a nationally recognised qualification which is made up of a set of minimum standards that social care and health workers follow within their daily working life. The standards give staff a good basis from which they can further develop their knowledge and skills. Records showed that all staff undertook regular training and updates relevant to their individual roles.

Training records showed that staff had undertaken regular training in areas that included moving and handling, first-aid, risk management and infection control. Staff undertook additional training to support them into new roles within the organisation. They were also given the opportunity to undertake specialist brain injury training. Staff told us they had received adequate training to undertake their role and there were opportunities for development within the service. This meant staff were able to develop their knowledge and skills to fully support the people living at the service.

Whilst, records did not demonstrate that staff had received regular supervision or appraisal from the management team, staff told us they felt fully supported and the registered manager had an open door policy. Staff told us they attended weekly meetings with the management and clinical teams and were able to seek support at any time when working. Staff knew who their supervisor was and confirmed they were available for support informally. The registered manager explained that she had just returned from an extended period of absence. They stated that formal supervisions and appraisals would be regularly completed and documented in accordance with the registered provider's policy.

We recommend that the registered provider ensures that all staff receive regular documented supervision to enable them to remain effective in their roles.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA 2005. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

The Care Quality Commission (CQC) is required by law to monitor the operation of Deprivation of Liberty Safeguards. We discussed the requirements of the MCA 2005 and the associated DoLS with the staff and management team. Staff had all received training in MCA and DoLS and this was verified through training records. They demonstrated a good understanding of the Mental Capacity Act and associated safeguards. For example, they were able to outline the key principles of the Act and explained how people should be deemed to have capacity unless proven otherwise. Mental capacity assessments were in place and there was evidence of decision specific best interest's records within people's care plan files. DoLS applications for some people had been submitted to the appropriate authorities. Authorised DoLS were held within people's care plan files. Applications which had been made for some people had not yet been authorised but all appropriate documentation was in place. A DoLS restriction checklist which was completed for people with a DoLS in place, highlighted the restriction and the reason for it.

People's individual health needs were supported and promoted. People's care plan files held records of GP appointments, hospital appointments as well as other information that related to support from healthcare professionals. Records showed that one person had been identified as requiring specific medical interventions. The registered provider had included appropriate professionals throughout the process. The process was clearly documented and had included the person's GP, hospital commissioners, clinical team and registered manager from the service. Best Interests documentation was in place and clearly stated the decisions made and reasons why the medical interventions were necessary.

People's care plans described the level of support they required with preparing food and drink. People's individual dietary needs and preferences were clearly documented and included likes, dislikes and any allergies. Some people were supported to plan their own menus and shop for their own foods. All people living at the service had a storage area within the kitchen for the purposes of storing personal food items of their choice. People were encouraged to independently access drinks throughout the day and night as well as snacks. People living at the service chose to have a takeaway once a week as well as a meal out. We saw people living at the service leading the discussions for deciding which takeaway they preferred. Three people living at the service had been assessed by the speech and language therapist (SALT) as requiring a soft diet. One person told us they were happy with the food and there was always something they enjoyed. We saw seven people eating their evening meal on day two of our inspection. Comments included 'This is tasty' and 'Nice'.

Is the service caring?

Our findings

People told us that they knew the staff that worked with them. They said they enjoyed 'The banter' with regular staff. Comments from people included "[Staff] is great fun and really listens to me", "All the staff look after me well" and "Staff encourage me with my rehabilitation".

Family members described receiving updates regarding activities their relatives had undertaken as well as the progress of their rehabilitation. One family member described receiving a video of their relative walking with the aid of staff. They described their delight at receiving this and thought it was brilliant.

We saw staff interacting with people living at the service very positively and saw them actively encouraging people to follow their rehabilitation programme. For example, a member of staff was prompting a person while they were practicing their walking by saying "Heel, toe and we'll walk together". This person commented to the staff member "Being with you was cheering me up". We saw staff remained very calm during a person's extreme period of agitation. Different staff members tried to establish the reason for the agitation. This person was reassured that staff wanted to work with them to understand their agitation. The person responded positively to staff interactions.

There was lots of friendly interaction between staff and people living at the service. It was evident people had developed positive relationships with the staff team that supported them.

People's independence was actively promoted. For example, one person told us they were now able to undertake their own personal care when they had not been able to do this previously. They said that staff remained close by to ensure they were safe but gave them privacy at all times. Another person told us staff were working with them to be able to undertake their laundry independently. They said they now knew to separate whites from colours but did not always know what temperature to use. They stated this will help them to be more independent in the future.

The registered provider sought feedback from people living at the service. A weekly coffee morning was held for people each Tuesday at the service. We saw people were offered a drink of their choice and encouraged to suggest items for the agenda. The group discussed options for the weekly group outing which took place each Sunday. Numerous places were suggested and a majority decision was made to visit the Imperial War Museum in Manchester. People also decided that they would like to extend their day by including a meal out. Staff were observed actively encouraging all people to participate within the meeting and the decision-making processes. People told us they enjoyed these weekly meetings.

The meetings also presented an opportunity for people to any raise concerns, worries or complaints they had about the service. People told us they felt confident expressing their views and opinions and felt listened to. We saw that one person suggested local weather reports being brought to each meeting to use when planning external activities. Another person asked that the filling of toilet rolls, soap and paper towel dispensers at the weekend be discussed. Issues raised were investigated and discussed at future meetings to ensure people were happy with the outcome. This showed that the registered provider placed value in

people's opinions and feedback.

Staff spoke positively about people they supported and gave examples about how they would maintain a person's privacy and dignity during personal care tasks. They stated they would ensure a person's door and curtains were closed and that the person remained covered up wherever possible. People told us they felt comfortable when staff were supporting them and confirmed their dignity was maintained. People could choose which staff worked with them and they also had an allocated key worker who spent protected time with them each week.

People told us that staff maintained their confidentiality. One person said that they understood there were times when a member of staff may have to break their confidentiality. They explained this would be if they were going to harm themselves or someone else. Care records were stored securely in locked cupboards and cabinets and all staff had received training to ensure information was treated with confidentiality. Where information was stored on computers, passwords were in place to maintain security.

People were encouraged to personalise their rooms and had done so by hanging pictures and displaying photographs within their rooms. They also had ornaments, cuddly toys, books and DVDs of their choice. People chose their own bedding and had other personal belongings in their bedrooms, such as televisions, computers and other electrical items.

We saw that information about advocacy services was available to people living at the service. An advocate helps ensure that people's views and wishes are taken into consideration when decisions need to be made about their care, or other important aspects of their life.

A recent compliment received by the service included 'Many thanks to everybody for the continued support for [Name]. We very much appreciate all that you do'.

Is the service responsive?

Our findings

People's family members told us that they felt their relatives were well supported and cared for. Their comments included "Everyone who I've dealt with has been absolutely fantastic", "[Names] health and well-being has vastly improved" and "[Name] is in the right place and getting the support and rehabilitation they need".

Prior to a person being admitted to the service a comprehensive assessment was undertaken by an appropriate person. The person, family members and the relevant health and social care professionals were actively involved in the assessment process.

Care plans were person centred and included comprehensive medical history, clear rehabilitation guidelines for staff to follow, people's personal goals as well as goals set by professionals involved with the person. Care plans included information regarding people's mobility needs, sleep pattern, continence and emotional and behavioural support required. There was evidence of regular review and updates to care plans being completed. Care plans included physiotherapy, speech and language therapy and occupational therapy programmes for staff support people to follow as part of their continuing rehabilitation programme. People told us they were invited to participate in the review of their care plans. One person's care plan clearly described their goals and these were expressed using their words and views. Another person had expressed that the staff team had developed their care plan as they did not want to participate in it. This showed people were fully involved in the development of their care plans wherever possible.

A 'My hospital passport' document was in place for each person which detailed essential information including allergies, communication as well as likes and dislikes. This document was used when a person had to attend hospital for appointments or on admission to ensure hospital staff knew the best way to support them.

Activities were available to protect people from the risk of social isolation. People described accessing the community for shopping, swimming and social enjoyment. They also described attending 'Grub club' which were themed nights that offered a three course meal and were organised across all of the registered provider's services. People told us they enjoyed these evenings as it gave them an opportunity to meet and make friends. Recent themed nights had included Chinese, American and Mexican meals. There were workshops within the grounds of the service for people to access if they wished. People were seen accessing the workshops participating in woodworking as well as arts and crafts activities.

People also described attending a drama group and stated they were preparing for the summer show 'Alice in boogie wonderland'. People described their enjoyment of the shows through participation or watching it on the day. Staff supported and participated in activities with people. There was a games room on site that had the facility to screen films for people to have movie nights. One person was seen thoroughly enjoying a game of cards with a member of staff. They told us this was their favourite activity. People told us they were able to choose the activities they participated in.

The registered provider had a complaints policy and procedure in place that included contact details for external organisations such as the CQC. People and their family members told us that they knew how to make a complaint and felt confident in doing so. Records reviewed demonstrated the registered provider had followed their policy and procedure for dealing with complaints within specified timescales.

Is the service well-led?

Our findings

The service had a registered manager who had been in post since July 2010. They had just returned to work after an extended period of absence. Adequate management arrangements had been put in place for the duration of the absence. People told us they knew who the registered manager was and spoke positively about them. Their comments included "I feel comfortable speaking to the manager, she's friendly" and "I know I can speak to the manager if I have a problem and she will listen to me". People and staff all told us the registered manager was approachable and would listen to them.

There were clear lines of accountability within the management structure and staff were aware of these. There was a deputy manager in place who was new to post but had worked for the registered provider for many years. There were also team leaders, supervisors and support staff. In addition to this there were a team of therapists employed by TRU to support people to achieve their therapeutic goals.

The registered providers audit systems had not identified areas of risk within the service. Audits were undertaken weekly, monthly and quarterly and specific audit tools were used to record all results. This information was then collated in to an audit report. Records showed audits had been undertaken by the registered manager and other representatives of the registered provider in data protection, infection control, medication, as well as care notes and daily records. Across all audits actions had been identified however, these had not been signed or dated as completed. Medication audits had identified missing signatures and medication errors which were not reported or tracked. There was no evidence of actions taken following these audits. The registered provider had failed to identify the gaps in their audit system through their regular visits and review of the service. Actions had not been taken to address known issues and make required improvements.

Audit systems had not identified the incorrect completion of medication administration records (MARs) including stock checks and counts of medicines held at the service. Audit systems had not identified that fridge and freezer temperatures had not been taken each weekend or that food temperature checks did not take place at every mealtime. This meant people were at risk of harm from foods stored or served at incorrect temperatures. It is important that the registered provider has effective quality monitoring systems in place to identify where improvements are required, and to identify any patterns or trends in order for them to prevent these from re-occurring.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 because the registered provider failed to have systems in place to assess, monitor and improve the quality and safety of the service provided.

People and their family members were regularly invited to express their views about the service through face to face meetings and questionnaires. Regular reviews were undertaken people and their family members confirmed they were always invited and included in the process. This gave people and their family members the opportunity to express their views about the service and if there were areas that could be improved. The registered provider held family support and networking events throughout the year. Records showed that

family members were given up to date company information, offered opportunities to ask questions and raise any concerns, as well as guest speakers being in attendance. Family members were offered refreshments throughout the day as well as an evening meal and an opportunity to socialise with other family members. Comments from family members regarding these events included "They make me feel less isolated", "It is good to be able to meet with people in similar situations" and "There are always staff and management around to ask questions or raise any concerns".

Records showed that team meetings were held weekly to keep staff updated with key information. These meetings were recorded and made available to all staff at the service. At one meeting it was highlighted that a new person was moving into the service at a future date and the admission assessment was available for all relevant staff to read. Staff told us they would have the opportunity to ask questions and clarify any information ahead of the person moving into the service.

The registered provider had a statement of purpose and service user guide which outlined their core values. This information was available to all people living at the service. These included promoting people's independence and ensuring each person had a personalised rehabilitation programme. The values were introduced to staff when they were inducted into the service. The documents explained what people should expect from the service and what they should do if they were unhappy or had any concerns. Details of how to complain to an external organisation including the local authority and the CQC were also included.

The registered provider had a range of policies and procedures for the service that were accessible to all staff. These included policies on safe moving and handling, infection control, medication procedures, safeguarding, whistleblowing and data protection. Staff confirmed they knew about all these policies and had access to them. This ensured staff had access to up-to-date information and guidance.

The registered provider had notified CQC promptly of all significant events which had occurred in line with their legal obligations. Registered providers are required to inform the Care Quality Commission of certain accidents and events that happen within the service.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The registered provider failed to have a safe system in place for the management and administration of people's medicines.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The registered provider failed to operate an effective system for assessing, monitoring and improving the quality and safety of the service.