

TRU (Transitional Rehabilitation Unit) Ltd







TRU ABI Rehabilitation Centre

Inspection report

200 Ashton Road
Newton-le-Williows
Merseyside
WA12 0HW
Tel: 01942 707000
Website: www.trurehab.com

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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	

Overall summary

This was an announced inspection, carried out on 16 and 17 June 2015.

TRU ABI Rehabilitation Centre provides care and support for adults who have an acquired brain injury. The service can provide care for people who are detained under the Mental Health Act 1983. The service is in a rural setting in

the Haydock area which is between Liverpool and Manchester. There is easy access via motorway networks with car parking on site. The centre is purpose built so is fully accessible to people with physical disabilities.

Summary of findings

The service comprises of three units, Newton, Willows and Lowton. The Newton unit accommodated people who had been detained under the Mental Health Act and because of this the unit was inspected by inspectors from the Mental Health inspection team.

At the time of our inspection there were nine people who used the service. Five people were living in the Lowton unit, two people living in the Willows unit and three people living in the Newton unit.

The service had 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 legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the service is run.

Risks people faced were identified, managed and reviewed and the staff understood how to keep people safe. There were sufficient numbers of suitable staff to meet people's needs and promote their safety. People who used the service told us that the staff treated them with compassion, dignity and respect. Staff listened to people and encouraged them to make choices and decisions about their care and support. Staff sought people's consent before providing care and support. Some people who used the service were unable to make certain decisions about their care. In these circumstances the legal requirements of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS) were followed.

People who used the service told us they felt safe. Staff had attended safeguarding training and knew what action to take if they suspected people were put at risk of harm or injury.

Staff had completed training that enabled them to meet people's needs effectively and the development needs of the staff were monitored by the management team.

People's health and wellbeing needs were monitored and people were supported to attend health appointments as required.

We found that people were not always protected against the risks associated with the administration, use and management of medicines.

People knew how to make a complaint, however we found that complainants were not dealt with in accordance with the registered provider's procedures and were not responded to in writing with an outcome or apology once the investigation had been conducted.

Feedback was sought from people and their relatives about the quality of care that had been provided. Audits were routinely repeated without proper consideration of improving and stretching the parameters of the audit so that continuous improvement was evidenced.

You can see what action we told the provider to take at the back of the full version of the report.

People were encouraged and supported to participate in activities that took place at the service and in the local community.

The registered manager understood the requirements of their registration with us. Staff working at the service were positive about their role and the service provided to people. They had been appropriately recruited and supported. We saw that staff provided care in a way that centred on the individual needs of the people who used the service.

Summary of findings

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 was not always safe.

People told us they felt safe at the service and that they trusted the staff. Safeguarding procedures were in place and staff were confident about the safeguarding procedures.

Medicines were not always stored, administered or recorded correctly.

Staff were appropriately recruited, with the necessary checks being carried out to ensure that they were of suitable character and had the appropriate skills.

Requires improvement



Is the service effective?

The service was effective.

Staff had a good understanding and were knowledgeable about people's care and support needs.

Staff were supported to carry out their roles and they had received the training they needed to meet people's needs.

People told us the food was good and they were provided with different choices of meals throughout the week.

Good



Is the service caring?

The service was caring.

Staff were kind, treated people with respect and spoke to them in a calm and friendly manner.

Staff involved people wherever practicable in their care planning, taking into consideration their individual likes and dislikes, when completing weekly planners.

People received Independent Mental Health Advocacy (IMHA) input on a sessional basis.

Good



Is the service responsive?

The service was responsive.

People's care plans were detailed and staff had good knowledge of people's care and support needs.

Staff listened to people and responded to their requests for support.

Complainants were not responded to in writing with an outcome or apology once the investigation had been conducted, as outlined in the provider's complaints procedure.

Good



Summary of findings

Is the service well-led?

The service was not always well-led.

Positive comments were received about the management and about the registered manager being approachable and helpful.

There were quality monitoring systems in place including, audits / checks and survey questionnaires, however the audits were routinely repeated without proper consideration of improving and stretching the parameters of the audit so that continuous improvement could be evidenced.

Requires improvement



TRU ABI Rehabilitation Centre

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 a planned inspection 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.

The registered provider was given six weeks notice of the inspection, because of the need to acquire certain information regarding the Mental Health Act. The team that inspected the Newton unit was comprised of five people: one CQC inspection manager, two CQC inspectors one specialist advisor in acquired brain injury services and one mental health act reviewer. The Lowton and Willows units were inspected by two adult social care inspectors.

The registered manager informed us that the Newton unit was nurse led and the Willows and Lowton units were supervisor led, which meant they were managed by senior coaching staff.

We visited all three units and looked at the quality of the environment and observed how staff were supporting and caring for the people who used the service. We spoke with seven people who used the service. We also spoke with the clinical lead for Lowton unit, 15 front line staff including nursing staff, coaches, housekeepers, responsible clinician (RC), psychologist, mental health act administrator and a mental health act advisor for the service. We also spoke with the independent mental health advocate.

We attended two staff handover meetings, a persons mutli-disciplinary (MDT) team meeting review and a residents meeting.

We looked at the treatment and care records for eight people and looked at a range of policies, procedures and other documentation relating to the running of the service.

Is the service safe?

Our findings

People told us that they felt safe at the service. Some of the comments were, “I trust the staff and feel safe here” and “I do feel really safe, the staff are very good”. We observed one person, with the assistance of two staff being transferred from their wheelchair to an armchair. This was done in a safe and correct manner. The person was calm and relaxed. We asked the person if they always felt safe being transferred to a chair. They replied they did and said, “The staff are all trained to make sure I am moved safely. I have confidence in them all”.

There were comprehensive risk assessments in place to manage and mitigate risks to people and enough staff working at the service to ensure safety for people and staff. We found on Newton unit one person was being defacto secluded at night on a small number of occasions. This practice met the definition of seclusion as defined under the Mental Health Act (MHA) Code of Practice. We saw that this had been an agreed intervention with the multi-disciplinary team and had been used on three occasions between 25 May 2015 and 2 June 2015. Whilst it was necessary for this person to have intervention to manage their behaviour, there were no appropriate safeguards taking place when they were stopped from accessing the main unit (lounge) area. There was no evidence that the procedures stated in the MHA Code of Practice had been followed for these episodes of seclusion. There was no evidence that the multi-disciplinary team (MDT) when making the decision to authorise the management of the person in this way had regard for the threshold or safeguards of seclusion as defined by the code. This was raised with the registered provider and they assured us that this practice would stop and alternative arrangements would be put in place.

There were health and safety inspection checks in place to ensure that people were safe, including up to date and satisfactory inspection certificates such as, portable appliance testing (PAT), gas inspection certificate and electric inspection certificate. Fire alarm safety testing and fire extinguishers had been checked to ensure they were functional.

The décor in Lowton and Willows units consisted of plainly painted walls, with very few pictures or other items to enhance a homely atmosphere. It was quite institutional and clinical. The décor in Newton unit was also sparse and

bare throughout the communal areas and bedrooms had no pictures or artwork. The garden was also sparse and did not have any outdoor furniture other than two plastic chairs. The registered manager said they were aware that the walls in the units were bare and appeared uninviting and that they were going to redecorate and improve throughout and provide more pictures, with suitable soft furnishings in order to make the environment more homely.

Staff said they were up to date with their training and they said there were good systems in place to remind them of future refresher training. The training provided included safeguarding, whistleblowing, fire safety, infection control, manual handling and medication training.

Staff were aware of the safeguarding procedures and a safeguarding was available to them. Staff described the process for reporting safeguarding concerns, which was that during normal working hours concerns would be reported to the registered manager, but if they were not available or it was out of hours staff would report it to the local authority safeguarding team. The policy was clear for staff who the relevant local authority to refer to was, and there were also clear easy read flow charts available with all the contact numbers staff needed available to them. From the records for training, 40 of the 42 (This is all staff across TRU ABI) staff had received safeguarding training within the last 12 months.

Staff on Newton Unit all knew how to recognise and report incidents on the paper based incident form. All incidents were reviewed by the Registered Manager.

Staff also received training in the management of violence and aggression (MVA). Records showed that 28 of 42 staff employed had received this training. Breakaway and de-escalation training was also available and 30 out of the 42 staff had received this training. Staff told us that they very rarely used restraint and all said that it was around a month ago when it was last used. Staff said that de-escalation and the knowledge of people’s needs was what made restraint a rare occurrence.

We reviewed all the medication arrangements for people who were detained under the Mental Health Act. This showed that the rules for treatment for mental disorder were being met with people being given medication authorised on the appropriate legal certificates. The only exception was that in one case, we saw that a hypnotic

Is the service safe?

drug, that was being given regularly and had been given for six days, but had not been written on the appropriate legal certificate. We raised this with the managers who agreed to address this oversight.

Medication records In Lowton and Willows units showed that most people had received their medicines correctly; however we found the clinic room in one unit to be untidy and we found opened tubes of prescribed creams in one bathroom. We were informed by the registered manager that the person had been admitted to the service with the creams and they were the only person to use that bathroom. However, there were no medication administration records (MARs) in place, no guidance for staff, no indication of how often to apply the creams or where to apply it and it was evident that three separate tubes were being used. Other prescribed items were also in the bathroom, without MARs sheets being in place.

This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014 as the provider did not have proper and safe management of medicines in place.

People's records demonstrated that their physical health care needs had been assessed and effectively met at the service. People had access to a local GP and an out of hours service. The staff were able to explain what the process was in the case of an emergency.

The staffing levels for nurses and for coaching staff were sufficient to meet people's needs. There were systems in place to help ensure that there was enough staff at all times to support people. The clinical lead and the nursing team in the Lowton unit said, they were able to request additional staff if people's needs changed and they were familiar with the process.

Is the service effective?

Our findings

People told us that the coaches were really good and always helped them. Some comments were, “They (staff) are great, I only have to ask and I can have a one to one session with my coach”, “The staff, so far, have all been great with me and “The staff are brilliant, they really care and give me loads of support”.

In Newton unit people’s care plans had been developed under the Care Programme Approach (CPA) and each person had an identified keyworker. Care plans had clear guidance for staff on how to support people who used the service. Care plans included assessments of physical health care needs by a variety of allied health professionals such as physiotherapists and speech and language therapists. The care plans we saw had been reviewed on a weekly basis which included a record of whether the person had been given a copy. Two out of the three people we spoke with were either not aware of their care plan or were unable to remember if they had a care plan. However this may have been due to memory issues or cognitive impairment as a result of their acquired brain injury. Each person had psychology input on a minimum of a weekly basis. The psychologists assessed the formulation of people’s risks, strategies to help with keeping well, triggers, early warning signs and crisis planning. There were also different therapies available such as cognitive behavioural therapy (CBT), mindfulness and social awareness learning.

People on the CPA process were reviewed every three months and care co-ordinators, family, carers and the multi-disciplinary team (MDT) attended these reviews.

People living in Lowton and Willows unit also had care records in place including, individualised care plans, activity planners and risk assessments. Care files contained background information including, contact details for relevant people in their lives, history of where the person was born, school attended, information regarding their acquired brain injury (ABI) and associated conditions. Care plans had been reviewed on a weekly basis. The plans gave clear guidance for coaches, to help ensure that people’s needs were met.

We sat in on a multi-disciplinary team (MDT) meeting for one person, after asking permission from the person. The meeting was positive, with the person being given the opportunity to express their views and opinion of how their

treatment and rehabilitation was progressing. The person said, how much they had benefited from living at the service and was appreciative of the care and support they had received.

The Care Quality Commission (CQC) is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS). We discussed the requirements of the Mental Capacity Act (MCA) 2005 and the associated DoLS with the registered manager. The MCA 2005 is legislation designed to protect people who are unable to make decisions for themselves and to ensure that any decisions are made in people’s best interests. DoLS is part of this legislation and ensures where someone may be deprived of their liberty, the least restrictive option is taken. We saw from the information that was given to us by the provider that 32 of the 42 staff had received training in the (MCA) and (DoLS). Most staff demonstrated awareness of the Mental Capacity Act (MCA). Staff took practicable steps to enable people to make decisions about their care and treatment wherever possible.

Staff understood there was a process to follow should they have to make a decision about a person’s capacity to consent; however there was some evidence of decision specific assessments of capacity, but there was no evidence that these had been reviewed on an on going basis. Applications for DoLS had been made for three people, which had been authorised by the relevant local authorities. Documentation was in place and the details of the DoLS was recorded in people’s care plans.

The documentation in respect of the Mental Health Act was generally good. Paperwork about people’s detentions was up to date and stored correctly. There were copies of consent to treatment forms accompanying the medication charts.

The service had a Mental Health Act administrator who ensured that the responsibilities of the Mental Health Act were met. The systems the provider had in place supported adherence to the Mental Health Act and its Code of Practice.

Staff received training and had a good understanding of the Mental Health Act. We saw from the information that was given to us by the registered provider that 32 out of the 42 staff had received training in the Mental Health Act 1983 (MHA).

Is the service effective?

We observed records which demonstrated that people had received visits from health care professionals, such as doctors and that people received emergency treatment when needed. The registered provider had been proactive in accessing appropriate health care and treatment for people, when it was needed.

People when possible were involved in preparing their own meals. Some of the comments regarding the food being provided were, “The food is absolutely amazing” “I am being helped with my cooking” “We can have snacks and stuff anytime we want” and “We have brilliant roast dinners and we also have take aways”.

On the first day of our inspection we observed that some areas of the service were not particularly clean and tidy and one clinic room was disorganised. The following day we found all of the issues which we raised with the registered manager had been addressed. An assurance was given that the cleaning systems throughout the service would be reviewed to ensure that all areas would remain clean and well maintained.

Is the service caring?

Our findings

People who used the service were generally positive about the care and support they received and they said they were treated with dignity and respect. Their comments included, "The staff are very good with me" "There's good and bad everywhere, but the staff here are mostly really good and nice" and "It's been fantastic living here, I get good support".

People's care files contained relevant and up to date information including, contact details for NOK, GP, funder of service, daily care notes, weekly MDT notes, individualised risk assessments, health professionals notes and any legal records including DoLS documentation. Care plans contained good background history about people and their likes and dislikes. The plans were descriptive with people's daily routines clearly detailed. Other specific information was available, for example 'encourage to take medication' and 'if any concerns, must contact the GP immediately'. The care plans gave clear guidance for the staff to be able to meet people's care and support needs in a personalised manner. Personalised care plans helped to demonstrate that individualised care and support was promoted and provided at the service.

Throughout our two day inspection we observed staff knocking on bedroom doors before entering, asking people

if they needed anything and interacting with people in a calm, relaxed and unhurried way. Staff comments regarding, dignity and respect included; "There is an ethos within TRU that all people are treated with dignity and respect, we just do it" and "I know we always close the curtains and provide personal care in privacy and reassure the person all the times".

On the Newton unit people received Independent Mental Health Advocacy (IMHA) input on a sessional basis. Details of the local IMHA service were displayed on the units notice board

Community meetings took place on a monthly basis where people were able to have their say on any issues they had about the service they received. During our inspection we attended a community meeting. Various issues were discussed and people were given the opportunity to state their views and opinions of what activities and any issues they wanted raising. There were discussions about day trips, future holidays and the food, for example, what take always people would prefer and a discussion about what meat to have for Sunday roast. People voted on each item on the agenda. People had the confidence to speak up and voice their different choices. After the meeting we asked people if they were happy and content with the meeting. One person said, "It's good that we are given the chance to decide what we want".

Is the service responsive?

Our findings

People who used the service told us they had been involved in their assessments and on going care reviews. One person said, “I am consulted all of the time about different things”. We saw records of review meetings, with the person, their case worker and relatives in attendance. This meant that decisions were being made with the right people being involved.

People’s care support plans were individualised, focusing on the person’s specific needs, their likes and dislikes. The care files contained personal profiles with emergency details, GP, social worker, any medical diagnosis and the person’s social background history. This person centred information gave guidance that helped members of staff provide an individualised service. There was evidence of clear care pathways from admission to discharge from the service.

We saw evidence of alternative accommodation being sought for people. For example, one person wished to return to a placement nearer their home. Records showed that this had been discussed at a meeting and a decision was made to actively pursue the move.

People told us they were asked and encouraged to get involved in different activities. There was a variety of activities available, which were mainly provided away from the service, for example bowling, cinema, shopping trips, sports stadiums and attending the workshops at another TRU location, which were classed as therapeutic activities.

People had their own bedrooms with shared communal areas. There were designated areas for people to be able to meet in private with family members, friends or professionals.

We observed members of staff reassuring people when it was required. For example, one person had been ill earlier in the day and required one to one support, a staff member constantly reassured the person, encouraged them and enquired if they felt any better. Another person who needed to have some space, was supported in a calm, professional and unobtrusive manner. The person responded in a positive way to this care and support.

We asked people if they had any complaints. People told us, “I don’t have any complaints at all” and “No I don’t, but I wouldn’t hesitate to complain if I wasn’t happy”.

The registered provider had provided quality assurance surveys to people who used the service. The surveys invited people to score between 1-5. Some of the questions were, how do you rate the food, rate your accommodation, are you treated with respect and dignity, how do you rate the staff and how do you rate your safety and the safety of your belongings.

The service had monthly family weekends organised. Some of the feedback from relatives who had attended the event in May 2015 included, “The family weekends are informative and friendly and you don’t feel you are on your own on the journey”, “I’ve been a few times, we feel it would benefit new comers and make them feel less anxious. Our relative has thrived and we feel like we have met an extended family” and “They’ve really made us feel part of my (name) programme and we have been able to personally thank the staff team for their hard work”.

Is the service well-led?

Our findings

People who used the service were very positive about the management team. Their comments included; “Can’t fault the manager, always very friendly” and “The managers are always around if you need them”.

The service had a registered manager who had been in post for three years. We received positive feedback from staff about the manager. Staff told us the manager was ‘approachable’ and said that the service was run really well. Staff comments included, “The manager is really supportive and keeps everybody up to date with things” and “She (registered manager) is very fair and always comes to you direct”.

A number of measures to monitor the effectiveness of the service provided were in place. Audits/checks had been carried out at the service, including monthly ‘provider audit reports’. On Lowton and Willows units, we looked at the audits for the previous four months, areas checked included, safeguarding, people’s care plan reviews, nutritional needs, consent to care and treatment, suitability of staffing levels, suitability of the premises and the management of medicines. On those units we saw that any areas identified for improvement, had been addressed, for example, a special diet was introduced for one person and another item was, ‘Team being supported to replace programme co-ordinator who had left the company’.

However, improvements were needed on Newton unit. A range of audits had been undertaken on Newton unit, such as auditing Section 17 leave recording, environmental, ligature and infection control audits; however we saw no evidence of how the outcomes of audits were feedback to staff to ensure improvements were made. There were a range of regular audits carried out by various levels of staff within the organisation; however audits were routinely repeated without proper consideration of improving and stretching the parameters of the audit so that continuous improvement was evidenced. There was a clinical governance meeting that took place to review incidents, complaints, audits, supervision, staffing and training; however the discussion during these meetings did not take

into account areas of improvement or best practice to be shared across the service. Minutes from the last three meetings showed that there was not an effective system in place to improve practice.

This is a breach of Regulation 17 HSCA 2008 (Regulated activities) Regulations 2014, because there was the system in place for assessing, monitoring and improving the quality of the service was not effective.

We saw evidence of regular staff supervision sessions taking place. We were told that staff were asked whether they would like the supervision sessions to be recorded.

The registered provider had provided quality assurance surveys to people who used the service, asking them to score between 1-5. Some of the questions were, how do you rate the food, rate your accommodation, are you treated with respect and dignity, how do you rate the staff and how do you rate you safety and the safety of your belongings. The returned surveys were generally quite positive, however some written comments were, “I would like to go out more” and “They are putting targets in place without speaking to us (clients)”.

Whilst people who used the service said they knew how to complain, we found that complaints were only resolved on an informal basis, even when received in writing. Complaint investigations did not look at the root causes of the complaint or review the systems and process to reduce the likelihood of re occurrences. Also complaints were not responded to in writing with an outcome or apology, once the investigation had been conducted, as outlined in the registered providers complaints policy and procedure.

This was a breach of Regulation 16 HSCA 2008 (Regulated activities) Regulations 2014 because the system for managing complaints was not effective.

The registered manager understood the responsibilities of her registration with the Care Quality Commission and had reported significant information and events to the commission, such as notifications of deaths, serious injuries and any safeguarding issues, in accordance with the requirements of their registration.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements 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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity

Accommodation for persons who require nursing or personal care

Accommodation for persons who require treatment for substance misuse

Assessment or medical treatment for persons detained under the Mental Health Act 1983

Treatment of disease, disorder or injury

Regulation

Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment

Medicines must be supplied in sufficient quantities, managed safely and administered appropriately to make sure people are safe.

Regulated activity

Accommodation for persons who require nursing or personal care

Accommodation for persons who require treatment for substance misuse

Assessment or medical treatment for persons detained under the Mental Health Act 1983

Treatment of disease, disorder or injury

Regulation

Regulation 16 HSCA (RA) Regulations 2014 Receiving and acting on complaints

The registered provider had not adhered to their complaints procedure and that formal procedures set out were not followed, investigations did not take in to consideration the root causes to complaints to ensure a thorough investigation has taken place.

The complaints procedure did not accurately reflect the escalation procedure for complaints

It was therefore not clear that complaints received were investigated, that necessary and proportionate action had been taken . In addition, the registered provider did not operate effectively an accessible system for the recording, handling and responding to complaints.

Regulated activity

Accommodation for persons who require nursing or personal care

Accommodation for persons who require treatment for substance misuse

Assessment or medical treatment for persons detained under the Mental Health Act 1983

Treatment of disease, disorder or injury

Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

Audits were routinely repeated without proper consideration of improving and stretching the parameters of the audit so that continuous improvement was evidenced.

This section is primarily information for the provider

Action we have told the provider to take

We did not see any evidence of action plans for areas of improvement following audits, or where there were areas of improvement or how information had been cascaded down to staff.

The systems were not effective in ensuring the registered provider monitored and improved the quality and safety of the services. The systems were not effective in ensuring the provider evaluated and improved the practices of the service.