

# TRU (Transitional Rehabilitation Unit) Ltd

## Lyme House

### Inspection report

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### Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

This inspection took place on the 7 and 8 March 2018 and was unannounced.

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

Lyme House accommodates up to 21 people with a diagnosis of an acquired brain injury (ABI). The home is part of the transitional rehabilitation unit group (TRU). There were 13 people living at the home at the time of our inspection. The home is situated in the Haydock area.

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 of the Health and Social Care Act 2008 and associated Regulations about how the service is run.

At the last inspection on 25 and 28 April 2017 we found that there were a number of improvements needed in relation to safe care and treatment and good governance. These were breaches of Regulation 12 and 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

This inspection was carried out to check the improvements that had been made by the registered provider to meet the legal requirements after the comprehensive inspection undertaken April 2017. The team of two inspectors inspected the service against all the five questions Safe, Effective, Caring, Responsive and Well-led. We found that the registered provider was meeting all of the legal requirements.

Improvements had been made to the management of medicines and the completion of required documentation. Medicines were ordered, stored, administered in accordance with good practice guidelines by competent staff that had received appropriate training.

Improvements had been made to the governance systems undertaken by the registered provider at the home. Regular audits were undertaken, analysis was completed and areas for development and improvement were identified and actioned.

Safe recruitment procedures were evidenced and sufficient numbers of staff were available to meet the assessed needs of the people living at the home. A comprehensive induction had been completed by all

staff. Staff had received training appropriate to their role which was regularly updated. Staff were supported in their roles and attended regular team meetings and shift handovers.

Staff had all received up-to-date safeguarding training and understood their responsibility to raise any concerns about the people they supported. The registered provider had clear safeguarding policies and procedures in place.

People's needs were assessed before they moved into the home and this information was used to create detailed risk assessments and individual person centred care plans. People's independence was promoted throughout all documentation. All documents were reviewed regularly and amended when there were any changes to people's needs.

People's needs that related to age, disability, religion or other protected characteristics were considered throughout the assessment and care planning process.

People had access to activities of their choice, college placements and vocational opportunities. The management team had developed positive relationships with local community organisations.

Staff had developed positive relationships with the people they supported. People told us their right to privacy and dignity was respected by staff. We saw many positive interactions between staff and people living at the home throughout our visit.

The service operated in accordance with the principles of the Mental Capacity Act 2005 (MCA). It was clear from discussions with people, staff and from care records that people's consent was always sought in relation to care and treatment.

The registered provider had an up to date range of policies and procedures available for staff to offer them guidance for areas of their role and employment. There was a complaints policy and procedure in place that people and their relatives were familiar with. They felt confident to raise a concern and felt any concerns would be addressed promptly.

## 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.

People's medicines were ordered, stored and administered in line with good practice guidance by staff that had received training and were competent.

Recruitment procedures were robust. Sufficient staff were recruited to meet the individual needs of the people living at the home.

Risk assessments gave clear guidance to mitigate risk and promoted people's right to choice and independence.

### Is the service effective?

Good ●

The service remains Good.

### Is the service caring?

Good ●

The service remains Good.

### Is the service responsive?

Good ●

The service remains Good.

### Is the service well-led?

Good ●

The service was Well-led.

The clinical governance process regularly reviewed the effectiveness of audits undertaken.

The registered provider sought feedback through a variety of means including meetings and questionnaires.

The registered provider had a range of up to date policies and procedures available that offered guidance to staff.

# 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 checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The comprehensive inspection took place on 7 and 8 March 2018. It was unannounced on the first day and announced on the second day.

The inspection was undertaken by two adult social care inspectors.

Prior to the inspection the provider had completed a provider information return (PIR). This is a form that asks the provider to give some key information about the home, what the home does well and any improvements they plan to make. We used this information as part of our inspection planning and throughout the inspection process.

As part of the inspection we reviewed the information that we held about the home and the registered provider. This included statutory notifications sent to us by the registered manager about incidents and events that had occurred at the service. A notification is information about important events which the service is required to send us by law.

During the inspection we spoke with three people living at the home, three relatives of people living at the home, three support workers, a psychologist and the registered manager. We also spent time looking at records, including to care plan files, for staff recruitment and training files, medication administration records (MARS), complaints and other records relating to the management the service.

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

# Is the service safe?

## Our findings

During our last inspection we found a 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. During this inspection we found that the registered provider demonstrated they had met the requirements of the regulation.

Following the last inspection the registered provider identified a more suitable location for the storage of medicines. Staff spoke positively about having a spacious room and stated there had been a significant reduction in the number of medication errors. Medicines were now ordered, stored, administered and returned in accordance with best practice guidelines. Staff that administered medicines had received appropriate training and had all had their competency assessed.

Protocols were in place for 'as required' medicines (known as PRN medications). Fridge and room temperature monitoring checks took place twice daily to ensure medicines were stored at the correct temperature. We reviewed the controlled drugs that were stored in accordance with good practice guidelines and found all stocks were correct and records had been fully completed.

People and their relatives told us they received their medicines on time and felt staff were competent at this. Relative's comments included "Sometimes [Name] doesn't want to take their medicines because they are feeling tired or grumpy. Staff persevere and offer again at a later time and adjust the timings of the medicines throughout the day so they are still spaced appropriately" and "When [Name] comes home to visit their medicines are always ready and staff take the time to describe any changes there have been. We always sign to say we have received them."

Each person had a medication administration record (MAR) that detailed their prescribed medicines and the times they needed to be administered. We found these records to be consistently and fully completed. This meant people's medicines were administered and recorded accurately.

People were involved in the development of their risk assessments. These documents identified the area of risk and described interventions to mitigate this risk. Documentation offered clear guidance to staff to ensure people's independence was promoted. Risk assessments included safe handling, falls, choking, pain, self-neglect, skin integrity and public contact.

Staff were aware of their responsibility to report any accidents, incidents or near misses. Accident and incident documents were fully completed by staff. The registered manager undertook a thorough analysis to identify any trends or patterns. The analysis had identified that the reception area had a higher number of incidents than other areas within the home. Furniture had been rearranged and staffing allocation had been adjusted. This had resulted in a reduction in the number of incidents within this area.

The registered provider's recruitment process was robust. Staff recruitment files contained a fully completed application form, interview records, two references that included the most recent employer and DBS check.

We reviewed staff rosters that demonstrated there were sufficient numbers of staff available to meet the needs of the people living at the home. People told us there were always staff available when they needed support.

The registered provider had systems in place to safeguard people from abuse. All staff had completed safeguarding training and were able to demonstrate a good understanding of signs and symptoms to look out for. Staff felt confident to raise any concerns and stated these would be fully investigated by the registered manager and reported to the local authority safeguarding team.

Health and safety checks were regularly completed. Gas and electrical certificates were in place and up to date. Fire checks were regularly undertaken and a fire risk assessment was in place and up-to-date. Each person living at the home had a personal emergency evacuation plan (PEEP) in place. Relatives reflected positively on the cleanliness of the home. Their comments included "Cleanliness is brilliant. The whole building is thoroughly cleaned throughout every day" and "the home is cleaned to a fault and it's very well done."

## Is the service effective?

### Our findings

People and their relatives stated that staff had the required skills and knowledge to meet people's individual needs. People's comments included "I can trust staff 100%", "All the staff understand my needs" and "I can have a really good laugh with some of the staff and I value this." Relatives described staff as having a 'can do' attitude and always being open to new suggestions and ideas. Their comments also included "The staff have worked really hard with [Name] and I can see an improvement", "There is a consistent staff team and you never hear them moaning" and "There is a great continuity of staff which is important to [Name's] rehabilitation and us."

All staff had completed a comprehensive induction over a period of six weeks at the start of their employment. They had also undertaken shadow shifts with experienced staff members. All new staff members worked towards the Skills for Care, care certificate which is a nationally recognised qualification.

Staff spoke positively about the training and support they received. They told us there was lots of training available and this included moving and handling, health and safety, first-aid, food and nutrition, dignity, equality and diversity, dementia, violence and aggression as well as brain injury awareness. Records showed that refresher training was regularly completed in line with good practice guidelines. This meant staff had the knowledge and skills required to support the people living at the home.

Staff were supported through supervision/mentor meetings, daily handovers, weekly shift meetings and team meetings. In addition to this there were regular management meetings as well as clinical supervision meetings. Staff told us they felt well supported and confident to seek additional guidance if required.

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 make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People and their relatives told us staff always explained what they were doing and checked people were happy before they continued with any support.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the deprivation of liberty safeguards (DoLS). We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. We saw that individual people's mental capacity had been assessed to make decisions. The registered manager had made appropriate DoLS applications and there was a clear system in place for reviewing these. Staff we spoke with had a clear understanding of DoLS and what this meant for people and their practice.

People and their relatives told us they were happy with the quality and choice of food available. Comments included "There is always something that I will enjoy eating which may include pasta, a burger or a roast



dinner" and "There is generally a good selection of food for me to choose from." Care plans described the level of support people required with eating and drinking along with any individual dietary needs. One person had been assessed as having swallowing difficulties and being at risk of choking. Clear guidance was in place for the person to be sat upright at a table whilst eating.

People were supported to maintain their health and well-being with the support of the registered provider's clinical team and the local community health services.

## Is the service caring?

### Our findings

People and their relatives spoke very positively about the staff and management team. Comments from people included "[Name] is very caring and I trust them totally", "Some of the staff are really eccentric and I love this as it suits my personality totally" and "It can be tough being away from my family and the staff can be very kind and caring when I am struggling." Relatives told us "I can't fault the staff and they seem to really care about the people they support" and "Staff are very supportive of me and show great empathy."

All staff demonstrated an excellent understanding of each person they supported. Staff talked knowledgeably about people's histories, individual likes and dislikes, specific rehabilitation programme and what people's goals were. Interactions between staff and people living at the home were natural and included lots of friendly banter. There was a lot of laughter on occasions throughout our visit. When people became unsettled or agitated due to their acquired brain injury staff demonstrated a range of knowledge and skills to stop any behaviours escalating. Staff used deflection and had a team approach.

People's communication needs were considered throughout the care plan documentation. This included if a person had suffered a sensory loss and gave clear guidance to staff of how each person's individual needs could be met. For example, facing a person and speaking slowly and clearly using short sentences. Information was also included about topics of conversation that a person may find distressing or affect their mood negatively.

People and their relatives told us they were consistently treated with dignity and respect by staff. One person said "When I am in my bedroom staff respect my privacy and always knock and wait for an answer before entering." A relative said "Staff respect my privacy when I visit [Name] however, are never far away should any assistance be needed."

People were offered choices through activities they wanted to participate in, areas they wished to sit within the home, who they would like to sit with or would they like to be in the privacy of their own room.

We saw people's independence was promoted through staff interactions and their care plan documentation. Care plans described what people could do for themselves within their activities of daily living and what support staff needed to offer.

All records that related to the people living at the home were stored securely to maintain their confidentiality. Daily records were completed by staff in a private area to ensure their personal information was protected.

## Is the service responsive?

### Our findings

People and their relatives spoke positively about the variety of activities available to participate in. Comments from people included "I enjoy playing football, bowling and attending the gym four days a week. These activities are really important for me" and "I have completed a brain injury course and enjoy studying." Relatives told us "[Name] has been attending the wood shop course and has learnt how to use a drill which they couldn't do before" and "The drama productions are one the highlights of the year for me, they are just fabulous."

The registered provider had developed strong links with external organisations that included the local library, a dog rescue organisation where people could volunteer for administrative duties or dog walking, a local shop and coffee shop that had agreed people could visit to develop their money skills and build their independence. For example, one person had no concept of managing money and was unable to be independent at the café. Staff had worked with the person over many months to walk to the café, order their coffee and cake, use the correct money and return to the home. We saw the person undertake this task independently without staff support which had reflected positively on their confidence and well being. Activities were offered for entertainment but also used to develop essential life skills that promoted people's independence.

Activities and vocational placements available at the home included NVQ in horticulture, fishing, joinery, hydrotherapy, wallpaper hanging, DIY skills, NVQ in cookery, IT awareness course, mechanics, crafts and design, art, numeracy and literacy course, football, money management programmes, cinema visits, snooker, drama club and shopping.

"Grub club" took place each month and was an opportunity for people from across all the registered provider's homes to get together with friends to enjoy a themed evening. People living at the homes chose the themes and recent ones had included Italian, Chinese and Mexican nights. People made themed decorations and chose the menu which included a choice of three or four meals. The dining room would be set up to look like a restaurant and staff served the meals. One relative said "Grub Club is the highlight of every month for [Name] because they get to meet up with friends and enjoy a themed food night."

People at the home enjoyed themed events throughout the year that included fireworks and a party on bonfire night, fancy dress and a party for Halloween, Summer Fair and Christmas fair where people made items to be sold and took part in selling the items on stalls. People also participated in raising money for charities of their choice. They had held a McMillan coffee morning, undertaken sponsored events for Children in Need and Red Nose Day.

People's needs were fully assessed before they moved into the home. The person, relatives of their choice, and appropriate health and social care professionals were fully involved in the assessment process. This ensured a full picture of the person pre and post acquired brain injury was collated.

People at the home had specific needs that related to equality and diversity. Care plans demonstrated that

people's needs had been considered in relation to; disability, age, religion as well as other protected characteristics.

Assessment information was used to prepare comprehensive care plans that included full details of the person's rehabilitation programme, communication needs, moving and handling, personal care, continence, nutrition and hydration, cognitive functioning and other information specific to each individual. Care plans included very clear and comprehensive guidance for staff to support the person. For example, 'If [Name] is starting to feel upset use distraction techniques, offer to go for a walk, have a rest or consider a change of staff member'.

Each person also had a one page profile that included a photograph. This document had headings that included each person's Likes/dislikes, What is important to me?, Who is important to me?, How I like to be supported? and hobbies/interests. This was a quick guide for staff or visiting professionals to refer to if they did not know the person well.

Each person had a 'Hospital Passport'. This document held essential information that included medicines, allergies, communication needs, mobility and handling, likes and dislikes. This document was taken to medical appointment and admissions to hospital and informed health professionals about the person and the way they wanted to be supported.

The registered provider had a complaints policy and procedure that was available in large print and easy to read formats. Records reviewed showed complaints had been fully investigated and responded to promptly. People and their relatives told us they knew how to raise any concerns. Comments included "I would speak to the manager if I had any concerns, I know they would listen to me" and a relative said "I feel confident to speak to any member of staff or management if I had anything to complain about. Everyone is very responsive."

## Is the service well-led?

### Our findings

During our last inspection we found the registered provider failed to have systems in place to assess, monitor and improve the quality and safety of the service provided. This was a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found that the registered provider had demonstrated improvement and had met the requirements of the regulation.

Effective audit processes had been introduced following our last inspection. Records reviewed demonstrated consistent completion and thorough analysis had been completed following all audits. Weekly and monthly audits were undertaken and included medicines, infection control, accidents and incidents, data protection, care plans, people's goals, staffing, supervision/team meetings and daily records. Actions had been identified following all audits for development and improvement purposes. Records showed actions had been promptly completed. The data protection audit had identified a need for some information to be archived and this had been promptly addressed. The daily records audit had identified that 100% of records were fully completed and included activity information, food and nutrition details and other information specific to the person.

Clinical governance meetings were held quarterly and these included the registered manager, clinical leads and members of the registered provider's senior management team. They reviewed the findings of the audit analysis that had been undertaken by the registered manager. This information was used to allocate resources for further development and improvement the home.

People and their relatives told us they were happy with the management of the home and felt the registered manager was approachable and responsive to any questions they had. People told us were regularly invited to give feedback about the service through weekly home meetings, quality questionnaires, meetings with their name to member of staff and reviews. Comments included "The manager is brilliant and I have total trust in them" and "The management team are very approachable." Relative told us that the family involvement at the service was very good. One relative told us they had been supported by the registered provider's family liaison representative and had found this really supportive. They said "It helps talking to someone that understands."

Positive relationships had been built with the local community by the staff and management team. Representatives from local organisations visited the home or supported people within the local community to engage in a variety of activities. This meant people living at the home were protected from social isolation and supported to be engaged with their local community.

Staff were enthusiastic and knowledgeable about their roles and felt there was opportunity for development with the registered provider. Staff discussed commencing as trainee's and progressing through to supervisors with appropriate support and development. Staff told us the management and clinical team were supportive and approachable. Staff said they had ample support to undertake their roles and felt the manager offered professional and personal support to everyone.

The registered provider had a range of up to date policies and procedures readily available to staff to offer them guidance in all areas of their work role and employment.

The registered provider had notified CQC promptly of all significant events that had occurred at the home in line with their legal obligations.

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