TRU (Transitional Rehabilitation Unit) Ltd

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Inspection report

Margaret House,
342 Haydock Lane,
Haydock,
St Helens,
Merseyside.
WA11 9UY
Tel: 01942 707000
Website: www.trurehab.com

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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

Overall summary

The inspection took place on 2 & 3 February 2016 and was announced. We gave 72 hours' notice of the inspection to make sure the staff we needed to speak with were available at the location.

Tru (Transitional Rehabilitation Unit) is a domiciliary care agency, which provides therapeutic and personal care services to people with an acquired brain injury living in their own homes. At the time of our inspection there were 13 people using the service.

Summary of findings

There was a registered manager at the service. 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.

People told us they felt safe and trusted the support staff. There were systems in place to protect people from harm and keep them safe. Staff were aware of the provider's procedures for reporting any safeguarding concerns.

There were systems in place to assess and monitor the quality of the service. This included gathering the views and opinions of people who used the service and monitoring the quality of service provided.

People's care and support needs were assessed and care plans were put into place to meet those needs. People's wishes and preferences were recorded in their care plans. Risks to people's health and well-being were identified and risk assessments were in place to manage those risks.

Induction training in the Care certificiate standards was provided to new staff.

There was a complaints policy and procedure in place, with records of complaints that the service had received. These had been dealt with appropriately and in the relevant timescales.

People told us they found the management team approachable and there were systems in place to monitor the quality of 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 safe.

People felt safe and trusted the staff. Staff had received safeguarding training and the registered provider had procedures in place for safeguarding people.

Risk assessments and risk management plans were in place to identify and mitigate risks to people's safety.

There were sufficient staff to ensure that people received care and support from staff they were familiar with and who had been appropriately recruited.

Good

Is the service effective?
The service was effective.

Staff received training, support, supervision and appraisal. The training programme took into account the needs of people using the service.

People had consented to their care and treatment.

Care plans demonstrated that people's nutritional and hydration needs were assessed and the staff liaised with healthcare professionals to ensure that these needs and other healthcare needs were met.

Good

Is the service caring?
The service was caring.

People told us the staff were very good and provided a high standard of care.

People's care plans were individualised, containing appropriate information and guidance for staff.

People were treated with respect and the staff understood how to provide care in a dignified manner and respected people's right to privacy.

Good

Is the service responsive?
The service was responsive.

People's assessments were carried out by senior staff, who took into account any information from external healthcare and social care professionals.

Staff were aware of people's care and support needs, and their individual wishes, preferences and interests. This enabled staff to deliver a personalised service.

People were provided with written information about how to make a complaint. People told us they thought any complaints would be properly investigated by the registered provider.

Good

Is the service well-led?
The service was well-led.

Good

Summary of findings

The registered provider had processes in place to monitor the quality of the service provided and understood the experiences of people who used the service.

People who used the service and staff told us, the registered manager was approachable and available to speak with if they had any concerns.

TRU (Transitional Rehabilitation Unit) Ltd

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 on 2 and 3 February 2016 and was announced. The inspection was carried out by one adult social care inspector. At the time of our inspection 13 people were receiving a service.

We reviewed the information about TRU Transitional Rehabilitation Unit held by the Care Quality Commission (CQC) such as previous inspection records and notifications we had received from the registered manager. Notifications are required to be sent by the registered provider and inform CQC of any significant events that affect the service or the people who use the service. We were provided with a PIR (providers information return). This is information which we asked the provider to send to us, to help us plan our inspection.

Before our inspection we spoke with the local authority's safeguarding team and the contracts monitoring team to check if they had identified any concerns or issues on their monitoring visits to the service. No concerns or safeguarding referrals had been received.

During the inspection we went to the registered provider's office and spoke with the registered manager and eight members of staff. We spoke with three of the people receiving a service at the office and visited two other people in their own homes. During the visits to people's homes we were also able to speak with staff members who were supporting the people. All of the feedback we received was positive, from the people who received a service and from the members of staff.

We looked at the care records of four people who used the service, including their care plans, risk assessments and other records and documentation regarding their health needs and monitoring.

We looked at the files of four members of staff including recruitment, supervision and training provision. Other records checked included, audits, medication administration records (MAR), quality assurance monitoring survey questionnaires (received from people and their relatives) and policies and procedures including, safeguarding, whistleblowing and recruitment.

Good

Is the service safe?

Our findings

We asked people who used the service if they trusted staff and felt safe. The feedback received was positive. Comments included, “I feel very safe with the coaches (support staff) that support me” and “The support is fine. It’s a good team”.

Staff told us they received regular safeguarding training, which we saw from the training records. They described different types of abuse and the signs they would look for that might indicate that a person was being abused or was at risk of abuse. Staff told us they were familiar with the provider's policies and procedures and were able to tell us what to do, if a safeguarding incident was brought to their attention. There was a safeguarding flow chart on the notice board in the centre, which gave clear guidance in who to contact at the local authority if there was a suspicion or allegation of abuse.

Staff were aware of how to use the registered provider’s whistleblowing policy if they had any concerns about the service and they understood how to report accidents and incidents.

People’s files showed that individual risk assessments and risk assessments in people’s homes had been carried out. The risk assessments were individualised to each person, for example one person had a pet dog and there was a relevant risk assessment in place, regarding the person’s pet.

Environmental risk assessments were conducted within people’s homes, to check for any obstacles or hazards that could place people and staff at risk. This demonstrated the registered provider took appropriate actions to reduce the risk of accidents and incidents during the delivery of people’s care and support.

We checked four staff files and we saw that the recruitment process was carried out satisfactorily. A minimum of two references were obtained and their authenticity was verified. There were also Disclosure Barring Service (DBS) checks in place. This is a check to see if a person has a criminal record. Files also contained application forms, with any gaps in people’s employment history checked.

People told us they were happy with the support provided by staff for administering medicines. The management of people's medicines needs were written in their care plans and staff were well informed about the medicines they supported people to take. Records showed the coaches (support staff) received medication training and we saw that medicine administration records (MAR) charts were accurately maintained.

The staff employed had all previously worked at one of the organisation’s other residential locations. Part of a person’s rehabilitation was to move them on from living in a residential setting to more independent accommodation in the community. Quite often some of the support staff working in the residential home had transferred to the community care provision. This helped maintain familiarity and confidence with the person receiving the service.

Good

Is the service effective?

Our findings

People spoke favourably about the care and support provided by the coaches (support staff). Comments included, "I enjoy meeting with my (PC) Primary coach and (RPC) Rehabilitation Programme Co-Coordinator every week", "I like the way the staff help me to manage my money to make sure I can buy the things I want when I am shopping" and "I enjoy working with the coaches, and they give me good support".

We reviewed the care files of four people and found that people's needs had been assessed before being provided with a service and from this initial assessment a care plan was drawn up.

We found that people's records contained information from a variety of sources including family members and health and social care professionals. This helped to ensure people received care and support in accordance with their individual needs and wishes.

People told us they and their families had been involved in making decisions about their care and they had continued to be included in the reviews of their support and care needs.

The training records showed that staff received appropriate training to carry out their roles and responsibilities. One of the staff told us they were pleased with the quality of their training, which had included safeguarding adults, whistleblowing,medication,health and safety, Mental Capacity Act, (MCA) infection control and first aid. There was an induction course for new staff, which covered the Skills for Care, care certificate standards. The induction also provided information regarding the organisations policies and procedures. We saw that staff received other specific training, including dignity and respect, management of violent aggression and de-escalation and breakaway techniques. One staff member told us, "I have just completed mental health awareness training".

We spoke with some staff about the provision of supervisions. Comments included, "I have a supervision every six to eight weeks" and "I have a regular supervision with my manager, she is very supportive". The provision of regular supervisions gave the registered provider the opportunity to monitor a person's performance and to discuss their training and development. Supervisions also help to ensure that members of staff feel supported and valued.

The Mental Capacity Act (2005) provides a legislative framework to protect people who are assessed as not able to make their own decisions, particularly about their health care, welfare or finances. The registered manager was aware of the need to refer people to the local authority for assessment under the Mental Capacity Act 2005 (MCA) if they appeared to lack capacity and a family member or friend did not have a Lasting Power of Attorney for health and welfare. She told us that they had established relationships with people, their families and relevant external health and social care professionals and they would initially discuss any emerging concerns about a person lacking capacity with their relatives, if applicable. The registered manager demonstrated a good understanding of the principles of the Act. The training programme confirmed that all staff had received training in the Mental Capacity Act (2005).

The registered manager told us, "Every decision is now based on whether the person has the capacity, although we always initially assume that they have".

We saw completed consent forms that had been signed and dated by people who used the service to show that they had given their consent to receive the support that was provided. Care records were clear about what people's decisions, their preferences and choices were regarding their care provision and staff understood the importance of gaining people's consent wherever possible.

People's care plans showed that their nutritional and hydration needs were identified when they began using the service, and were kept under review. People's care files contained examples of when people needed to be referred to external professionals such as dietitians and speech and language therapists.

Records demonstrated that people had been supported to receive health care services, such as a GP appointment, optician or dentist.

Good

Is the service caring?

Our findings

The people we spoke with told us the staff were caring. Comments were, “The staff are great, I always get treated with dignity and respect”, “I am very happy and content with the care I get” and “I definitely get treated respectfully, I have a really good team at the present time”.

We looked at the care files of four people and we found them to contain detailed and satisfactory information about people’s former occupations, life and social history, family, cultural and religious needs. The information enabled staff to be able to support people in a meaningful way that recognised their individuality. For example people’s care plans described what was important to them, who was important to them, their likes and dislikes.

The organisation had policies and procedures in place to help ensure that people’s privacy, dignity and human rights were respected. Training records demonstrated that staff had received training in these areas.

We visited two people in their own homes, when they were being supported by staff. We saw that a good rapport existed between the person and the staff member. We also observed good interactions between people who used the service and members of staff during the time we spent at the office. Everybody we spoke with was complimentary about the support and care they had received.

We asked members of staff how they would promote dignity and respect when supporting people. Comments included, “I treat everyone as an individual. Treat the person like it was my dad or brother. Just like your own family “and “Always ensure that privacy is provided for example, close curtains when supporting with personal care, always ask permission before doing anything and always treat the person like you would want to be treated yourself”.

One member of staff said, “I have enjoyed having the opportunity to work closely with people for a number of years, build up relationships and see people progress and become more independent”.

Good

Is the service responsive?

Our findings

People told us they had been involved in their initial assessments and drawing up their care plans. One person said, “My care plan and weekly planner is laid out on the table, because of my memory. My menu planners are also on the fridge” This acted as a visual aid to the person, who had short term memory. Another person said, “I moved from one of the units (residential unit) and I am now living in my own flat, with support”.

People told us they were aware of how to complain about the service and confirmed they had been provided with information and guidance about how to make a complaint. One person told us, “I have no complaints with the present staff ” and “There have been times over the years, when I complained. The complaints were always dealt with. Every thing is fine at the moment”.

We saw the complaints policy and procedure, which was up to date and satisfactory. We looked at the complaints received by the registered provider since the last inspection visit. We saw that complaints had been investigated within the agreed timescales. Complaints had been analysed and where necessary, actions had been taken to demonstrate that the registered provider had learnt from the outcome of their investigation.

People’s care plans had been reviewed every six weeks. The registered manager told us that the review meetings would comprise of different disciplines, including the person if they chose to attend, occupational therapist, speech and language, psychologist, management team, the support staff who are working with the person and the registered manager attends every review. The registered manager said, “Sometimes people refuse to attend their review, but they are always given the choice, even if they refuse every time”.

We looked at daily records sheets, which were collected on a weekly basis from people’s homes and securely stored at the office. We noted that the information written by staff was detailed and it demonstrated that people’s care and support was being delivered in accordance with their agreed care plans. The registered manager told us that the record sheets are checked for on-going issues or anything that could affect the service delivery.

Good

Is the service well-led?

Our findings

People told us they thought the service was well managed. Comments from recent surveys included, “Thanks for everything you have done for (name)” and “Thank you so much for your support over the family weekend” and “The registered manager is approachable and helpful”.

An external case manager wrote to the service, complimenting the registered manager for an excellent discharge report.

Members of staff were complimentary about the registered manager, saying that she was supportive and approachable. One staff member said, “The management are brilliant. I have just come back from maternity leave and I have been encouraged to do some training, really very supportive. The registered manager is brilliant, so approachable”.

The registered manager told us she received managerial support from senior management. She said the staff team were very good, which included care co-ordinators and administrators. The registered manager told us she felt able to focus on the overall management of the service as the team structure ensured that the staff had clearly defined roles and responsibilities.

We saw that quality assurance survey forms were provided to people who used the service, every six weeks. Graphs of the findings from the surveys were drawn up, however there was no record of what action was taken to address some of the lowly rated items. For example, the question on the survey regarding, How good are the vocational training services at TRU? Overall the response was poor, with no documented action of what was to be done to improve it. The registered manager acknowledged that the survey was only beneficial, if issues identified were dealt with, in order to improve the service. The registered manager said she would ensure that all identified issues would be addressed and a record kept of the outcomes.

We looked at the minutes for team meetings which showed that the registered manager kept staff informed of relevant developments and listened to their views.

We observed audits for accidents and incidents,medication,health and safety, risk assessments and care plans. This helped to demonstrate that the registered provider was actively monitoring the service delivery. We saw that any identified issues had been acted upon and checked at the following audit for progress.

The registered provider had kept CQC informed of notifiable incidents, which are required under the Health and Social Care Act.