

TRU (Transitional Rehabilitation Unit) Ltd

Chapel House

Inspection report

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Date of inspection visit:
02 March 2016

Date of publication:
04 April 2016

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

The inspection took place on 1 and 2 March 2016 and was unannounced. The service is registered to provide care and support care for up to 18 adults who have an acquired brain injury. At the time of our inspection there were 14 people living in Chapel House, with some people who required less support, living in flats at the service. The flats were to help people adjust and progress to a more independent lifestyle and prepare them to eventually live in the community.

There was a manager in post. An application to register as manager with the Care Quality Commission had been submitted. 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.

We saw that people's care needs had been assessed and care plans were in 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. Staff understood how to keep people safe in line with their preferences.

We found there was an effective recruitment process in place, helping to ensure that suitable members of staff were recruited.

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.

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.

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 told us they felt safe and trusted their support staff (coaches).

We found the registered provider had safeguarding procedures in place and staff had received appropriate training.

The registered provider had the necessary recruitment and selection processes in place. This meant that staff deemed to be suitable to work with vulnerable people were employed. This helped to ensure that people would be protected.

Is the service effective?

Good ●

The service was effective.

Assessments for care and risk assessments had been completed.

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

Staff supervision processes were in place to enable staff to receive feedback on their performance and identify further training needs.

Is the service caring?

Good ●

The service was caring.

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

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

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

Is the service responsive?

Good ●

The service was responsive.

People's care plans were individualised, containing appropriate information and guidance for staff. Members of staff spoken with had knowledge of people's care and support needs.

People were given choices throughout the day which included choices about activities, food and how they spent their day. People were supported to go out into the community.

People were aware of how to make complaints and voice concerns about the service, if needed.

Is the service well-led?

The service was well-led.

There were processes to monitor the quality of the service provided and understand the experiences of people who used the service.

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

We received complimentary and positive comments from relatives about the service and of the management.

Good ●

Chapel 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.

The inspection took place on the 1 and 2 of March 2016 and was unannounced. The inspection was carried out by one adult social care inspector. We reviewed the information about Chapel House held by the Care Quality Commission (CQC) such as previous inspection records and notifications we had received from the service. Notifications are required to be sent by the registered provider and inform CQC of any significant events about the service or people living at the home.

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 home. No concerns or issues had been identified.

During our inspection we observed how staff interacted with people in the communal areas. We spoke with five people who lived in the home, the home manager, four members of staff and the head of clinical services for the organisation. We also spoke by phone with two of the relatives of people who lived in the home.

We viewed the care plan files of three people, to check if they had received their planned care. We viewed other associated records about people's care such as their medicine administration records (MARs), daily notes and accident and incident records. We looked at other records, including quality audits and health and safety inspection checks. We looked at three staff files, supervision records, recruitment records and the staff training matrix.

Is the service safe?

Our findings

We asked people who used the service and relatives if they trusted carers and felt safe. Some of the comments were, "It's brilliant here, I feel totally safe", "I feel very safe" and "I know (name) is completely safe, I wouldn't want him to be anywhere else".

Safeguarding flowcharts for two local authority safeguarding teams were displayed in the activities room of the service. These flowcharts gave guidance in how to raise a safeguarding alert to the relevant local authority. We spoke with staff about potential abuse incidents or situations. Staff were aware of the different types of abuse and were aware of the procedures to follow, in order to keep people safe and protect them. All staff had received up to date safeguarding training in protecting vulnerable adults from harm or abuse.

We toured the premises and found it to be a clean, well decorated and a safe environment to live in. 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, gas inspection certificate and electric inspection certificate. Fire alarm safety testing and fire extinguishers had been checked to ensure they were functional.

We looked at three staff files and we found that a recruitment system was in place. Records we viewed showed that checks had been carried out, including pre-employment checks such as written references and Disclosure and Barring Service (DBS) checks. DBS checks are carried out to check on a person's criminal record and to check if they have been placed on a list for people who are barred from working with vulnerable adults. A robust recruitment system helps to ensure that only suitably competent staff are employed.

We were provided with a copy of the medication policy and procedures, which gave guidance on the administration of medicines. We looked at the medication administration records (MAR) for four people. The MAR's were in order; the storage of the medicines was secure and safely managed. However, the medication policy referred to previous legislation. This was brought to the attention of the manager.

We found that there were up to date risk assessments in place for people, which promoted their independence and also their safety. Some of the individualised risk assessments we observed related to nutrition, swallowing and self-neglect.

People received their care and support from skilled and experienced staff. We checked the staff rotas for the previous three months and found them well organised and easy to follow. They demonstrated that there had been the correct amount of staff on duty, to meet people's assessed needs. The manager told us, "We are not very often short of staff, when we are, other staff cover until we are fully staffed. It's not a problem".

Is the service effective?

Our findings

People we spoke with told us, "I can't disrespect any of the staff, no can't slate them", "My coach (support staff) is brilliant. We always say, my role is to make him redundant, by making me more independent" and relatives said, "They have done wonders for (name) I have seen the progress over the years" and "Got nothing but high regard for the staff team, they do a wonderful job".

We reviewed the care files for three people and found that people's needs had been assessed before being provided with a service. Individual Care plans were written using information from initial assessments. We found that people's care records contained information from a variety of sources including the person, their 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.

The Care Quality Commission (CQC) is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS). DoLS is part of this legislation and ensures where someone may be deprived of their liberty, the least restrictive option is taken. The manager had made DoLS referral for 15 people who lived in the home and at the time of our inspection three people had an authorised DoLS in place.

We saw that all staff had completed training in the Mental Capacity Act (2005). The Mental Capacity Act 2005 (MCA) 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. The manager demonstrated a good understanding of the principles of the Act. Staff were aware of which people were subject to a DoLS and the reasons why. Best interest meetings had taken place as required. We looked at care records and saw that Mental Capacity Act assessments had been completed and best interest decisions had been recorded.

The manager provided us with a copy of the training matrix; we saw that staff had received training which was up to date and relevant to meet people's needs. All new staff had completed an induction programme and received on-going training, specific to their roles and the needs of people who lived at Chapel House.

People who lived at Chapel House, where possible were involved in preparing their own meals. Some of the comments regarding the food being provided were, "No problems with the food", "I love cooking, I am supported and encouraged all the time". One person's care file clearly demonstrated their need for a softer diet. The manager and the staff were fully aware of this.

People had their own meal menus, which were completed each week with support from staff. Each person had their own cupboard in the kitchen, with a food menu planner on the inside of the cupboard door. We asked one person how it worked with having their own food items. They replied, "Never any problems, we seem to work very well together and the staff help us".

Is the service caring?

Our findings

People we spoke with told us, "The staff are absolutely brilliant", "I have no issues with the support I receive" and "I have seen for myself, they treat (name) it's the way you would expect them to". Relatives told us, "The staff are great, always polite, courteous and always have time for me and (name)" and "The staff are fantastic with (name). I can't fault them at all".

People's care files contained relevant and up to date information including, contact details for next of kin, doctor, funder of service, daily care notes, weekly support planner meeting notes, individualised risk assessments, health professionals notes and any legal records including DoLS documentation. Care plans also contained good history about people and their likes and dislikes. The plans detailed people's daily routines. Other information was available, for example, 'encourage softer food diet, for example, always have soup with a sandwich and give a sauce or gravy with a main meal'. Personalised care plans helped staff to deliver care and support to meet people's needs.

There were policies and procedures in place to ensure people's privacy, dignity and human rights were respected and records showed that staff had received training in these areas. People told us they were always treated with dignity and respect, comments included, "I do indeed think I am treated with dignity and respect, by everyone of the staff" and a relative said, "Most definitely treat (name) with respect and with me when I visit".

Throughout the two inspection days, we observed members of staff caring and supporting people in a dignified and respectful way. We saw staff knocking on doors before entering and continually encouraging people. We saw a rapport between the staff and people who lived in the home. We spoke with staff members and asked how they would ensure that a person was treated with respect and dignity. Comments included, "Always treat a person as though it is your own relative" and "I always ask a person if it's alright to help support them with personal care. Ask for their agreement to help them".

We saw that people's bedrooms were comfortable, warm, well decorated, bright and individualised, with their own personal belongings, including photographs and paintings. One person said, "I am very proud of my bedroom, it's great". We observed paintings throughout the premises that people had painted.

Information was provided to people and their relatives about the service. The information included, what to expect from the service, information about the registered provider and the aims and objectives of the service and the facilities available. There was also guidance if people needed to raise any concerns.

Is the service responsive?

Our findings

People who lived in the home told us, the staff were always attentive to their needs and wishes and they were content with the level of support and care that was provided.

People said, "I am doing a lot of things I never did before, it's great" and "They (staff) do all they can to help me become more independent".

Relatives told us, "They do so much with (name). If there is anything he wants, they endeavour to get it organised", "They write and include me in everything. Somebody is always available if I have any questions" and "The staff always have time for me when I visit (name)".

Care files contained specific information regarding, people's health and medical conditions. We saw records showing that people's health conditions had been monitored and when necessary, the relevant health professional had been consulted.

People's care plans had been reviewed every six weeks. The 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 manager attends every review.

The staff we spoke with were familiar with people's care and support needs. They told us they had access to people's care records and were kept informed of any changes to a person's needs.

We saw the complaints policy and procedure; this was up to date and accurate. There was a complaints procedure displayed in the recreation room area of the home. People told us they had no complaints, one person said, "I have no complaints, everything is fine" and relatives told us, "I have no complaints at all, difficult to find any fault with the organisation" and "I have never ever had to complain. They are fantastic". We looked at the complaints received by the registered provider since the last inspection visit. We saw that complaints had been investigated within the providers own policy 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.

In the recreation room there was a suggestions box if anyone wanted to raise an anonymous concern or to write a compliment. The box was emptied weekly, some of the comments were, "Thank you so much for all your help", "(Name) has really helped me through the tough times, she has really taken the time for me" and "I am working really well with my new primary coach (support staff)".

Is the service well-led?

Our findings

People told us, "All of the management are approachable and friendly" and "I find the manager and all of the staff really supportive and I know they want the best for me".

People's relatives said, "I think they do a wonderful job, I am so grateful for the way they look after (name)" and " I don't know what we do without Chapel House, from the management down, everything is excellent".

There was a manager in post, who had applied to be the registered manager with CQC. The manager had been employed by the registered provider for a number of years. We found that they were familiar with the daily running and management of Chapel House. On the first day of our inspection we found a couple of things that needed attention, for example, some documents were not dated and the front content pages of people's files did not contain their names. On the second day of our inspection the manager had corrected these and other items that we had mentioned to them. This showed that the manager had taken note of the items raised and had responded positively.

Quality assurance surveys had been provided on a six weekly basis to people who lived at the home. It had recently been identified, that the information received from the surveys in particular the graphs used, did not effectively address any issues raised. The manager informed us of the new surveys that were going to be used in future. We saw there was more opportunity for people to write their comments and there was a document to show how and when any action would be taken. This would help ensure that the registered provider would take account of any issues raised. Then take necessary action to improve the service delivery.

We saw that policies and procedures were reviewed on a regular basis so that staff had access to up to date information, although the recruitment policy referred to out of date legislation. This was brought to the attention of the manager and one of the directors of the organisation. An assurance was given that this would be immediately addressed and all other policies would also be reviewed, in order to ensure they were accurate, up to date and relevant to the people who received a service. It is recommended that all policies and procedures are reviewed. A review needs to include any changes to legislation and best practice in order to make sure that policies provide staff with appropriate guidance.

We saw a copy of a recent report (December 2015), which had been provided by the Contracts and Monitoring Team from the council. The report referred to previous recommendations and the actions required. The report stated that all of the needed actions had either been addressed or were in the process of being addressed. This demonstrated that the registered provider had responded to the findings of the monitoring visit and was actively endeavouring to improve the quality of the service delivery for the people who lived in Chapel House.