

TRU (Transitional Rehabilitation Unit) Ltd

TRU ABI Rehabilitation Centre

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 24th and 25th of January 2017. It was unannounced on the first day and announced on the second.

TRU ABI rehabilitation centre offers support for up to 30 people 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 based in a rural setting, in the area of Haydock, which is located between Liverpool and Manchester. There is easy access via motorway networks with car parking on site. The centre is purpose-built to be fully accessible for people with physical disabilities.

The service comprises three units, Newton, Willows and Lowton. The Newton unit accommodates people who have been detained under the Mental Health Act. Because of this the unit was inspected by inspectors from the hospitals (mental health) inspection team.

At the time of our inspection there were two people living in the Newton unit, six people living in the Willows unit and four people living in the Lowton unit.

The service had a registered manager in post. 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.

At the last inspection on the 16th and 17th of June 2015 there were three breaches of regulation in relation to the safe management of medicines, the management of complaints and ineffective audit systems. We asked the registered provider to take action to address these areas.

After the inspection, the registered provider sent us an action plan that specified how they would meet the requirements of the breaches identified. They advised us that they would meet all the legal requirements by February 2016. During this inspection we found significant improvements had been made across all areas and the registered provider was able to demonstrate full compliance with the Health and Social Care Act 2008 (Regulated Activities) 2014.

Medicines were managed safely and clear processes were in place that ensured people received their medicines on time and 'as required'. Medicines were stored, administered and recorded in accordance with the registered provider's policies and procedures. All staff administering medicines undertook annual competency assessment and training.

People knew how to raise concerns and complaints, and felt confident to do so. Records showed people were fully involved with the complaints process and the registered provider followed their procedures.

Improvements were demonstrated within the registered provider's quality assurance systems. Action plans evidenced areas for improvement and development and these were addressed in a timely manner. Actions were signed and dated when completed. People's feedback was sought and the management team used this for service development.

We have made a recommendation for clinical supervision to be undertaken with staff working within the Newton Unit.

The service demonstrated safe recruitment practices. All new staff undertook appropriate checks prior to them commencing employment. All new staff received a thorough induction which included a period of time shadowing experienced staff. All staff received regular mandatory training to ensure they remained up to date with their knowledge and skills required for their role. There were sufficient staff to meet the needs of the people living at the service.

People's needs were assessed prior to them moving into the service. Individual risk assessments were completed to ensure people and staff were protected from the risk of harm. Staff promoted people's independence wherever possible. Care plans were person centred and gave clear guidance to staff to meet people's individual needs.

All staff had received regular training in adult safeguarding and were able to demonstrate a good understanding of how to recognise and report signs of potential abuse. There were clear policies and procedures in place that informed staff of how to keep people safe and these were followed.

People were supported to participate in activities of their choice. People spoke positively about the way staff treated them and said that they enjoyed spending time with staff. We observed positive interactions between staff and people living at the service.

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.

There were sufficient numbers of staff to meet the needs of the people at the service. The registered provider had robust recruitment procedures in place.

Medicines were administered, stored and recorded by competent staff.

People were supported by staff who had received safeguarding training and understood how to recognise and report any signs of abuse.

Good 

Is the service effective?

The service was effective.

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

The registered provider had effective systems in place to assess people's ability to make their own decisions under the Mental Capacity Act 2005 (MCA).

People told us that they had access to sufficient food and drink and staff ensured they had access to healthcare professionals.

Good 

Is the service caring?

The service was caring.

Staff built positive relationships with people and were given enough time to meet people's individual needs.

People were supported by staff. Staff promoted people's independence.

People had access to advocacy services and the registered

Good 

provider had a policy to support this.

Is the service responsive?

The service was responsive.

Care records were person centred and focused on the individual. Staff demonstrated a good understanding of how people wanted to be supported.

People were supported to undertake activities of choice and maintain hobbies and interests.

People knew how to raise concerns and complaints and felt confident to do so.

Good ●

Is the service well-led?

The service was well led.

The registered provider had effective audit systems in place to ensure areas for development were identified and addressed.

Feedback had been sought from people living at the service to identify areas of improvement and these had been actioned.

The registered provider had appropriately informed the CQC of certain events as required by law.

Good ●

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 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 over two days. On 24 January 2017 it was unannounced and on 25 January 2017 it was announced. The inspection team consisted of one adult social care inspector and two hospital inspectors. The hospital inspectors attended on 24 January 2017 only. We visited the three units registered under this location, namely the Newton unit, Lowton unit, and Willows unit.

Before the inspection, we checked the information that we held about the service including notifications we had received. A notification is information about important events which the registered provider is required to send us by law.

We spoke with seven people living at the service and spent time observing the interaction between people living at the service and staff. We spoke with the registered manager, head of clinical services, clinical lead, consultant psychiatrist, two nurses and four coaches (staff).

We attended a staff handover meeting and two people's multidisciplinary (MDT) meeting reviews.

We looked at some areas of the home, including some bedrooms and all communal areas.

We reviewed a range of records including the care records for five people using the service. These included support plans, risk assessments and daily records. We also looked at other records relating to the management of the service. These included staff training, support and employment records for four staff members, medicine administration records (MAR) charts and quality assurance audits.

Is the service safe?

Our findings

People told us they felt safe living at the service. Some of the comments we received included "I feel safe living here", "I feel comfortable and relaxed here" and "Staff watch out for me and make sure I stay safe while doing my physio rehab".

At our last inspection, we identified a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 as the registered provider did not have effective systems in place for the proper and safe management of medicines. We told the registered provider to take action to address our concerns. At this inspection, we found that the registered provider had made the required improvements.

The registered provider had reviewed and updated their policies and procedures relating to medicines management. The medicines management procedures met the requirements of the National Institute for Health and Care Excellence (NICE) guidelines.

The level of assistance required by staff was documented clearly within people's care plans. We saw that medication administration records (MARs) were correct and up-to-date and people's photographs were on them, along with any allergies they had.

Medicines were ordered, stored and disposed of in accordance with the medicines management policies and procedures. The clinic rooms were clean and tidy. The room and fridge temperature within the medicines room was checked daily to ensure it was correct for medicines that needed to be stored at a specified temperature. A clear action plan was in place should the temperature rise.

All staff responsible for administering medicines undertook annual training and competency assessment and records confirmed this. Medicines were checked and counted at every staff handover and weekly audits were undertaken. Where any missing signatures from MARs were identified these were promptly addressed. Actions were signed when completed.

We reviewed all the medication arrangements for people who were detained under the Mental Health Act. We saw that the rules for treatment were being met and people were given medication authorised on the appropriate legal certificates.

Risk assessments identified risks to people's safety and plans were clearly documented for the management of these. Staff had access to individualised information relating to moving and handling, mobility, continence, diabetes as well as other risk assessments and guidance specific to the person.

Individual personal emergency evacuation plans (PEEPS) were in place. These plans highlighted the level of support person required in the event of a building evacuation. These plans gave staff clear direction to ensure people received the appropriate amount of support required. The registered provider had a business continuity plan in place to support people in the event of an emergency. An example of this would be if the units were flooded, experienced a loss of power or had a fire. Staff knew where and how to access these

documents in the event of an emergency.

Staff could describe different types of abuse and understood what was meant by a vulnerable adult. A safeguarding policy and procedure was in place and all staff attended regular safeguarding training. Staff described the different types of abuse and the signs that would indicate abuse may have taken place. All staff demonstrated an awareness of their responsibilities to raise a safeguarding concern with the local safeguarding team. The local authority safeguarding contact details were readily available at the service for all staff.

Staff described the registered provider's whistleblowing policy and stated they felt confident to raise any concerns they had. A whistle blower is a person who raises a concern about wrongdoing in their work place.

We reviewed the recruitment records for four staff members and found appropriate checks had been completed including the disclosure and barring service (DBS) checks. The DBS check identifies if prospective staff have a criminal record or are barred from working with adults at risk. Employment checks included two valid references from previous employers, confirmation of a person's identity and the right to work documentation was also in place. The registered provider demonstrated a safe recruitment process by only recruiting staff suitable to work in their service.

The registered provider based the amount of staff on the needs of the people being supported and this was continually reviewed. We saw sufficient numbers of staff were on duty to meet the needs of the people living at the service. People told us there were enough staff to meet their needs and someone was always available if they needed them.

Records showed that accidents and incidents were comprehensively recorded. Each event was clearly documented with what had occurred and all actions that had been taken following it. The information was reviewed by the registered manager to identify any actions that needed to be taken to protect people. Analysis was undertaken to identify any causes or patterns and this was used to minimise future risk and reduced the likelihood of re-occurrence.

Health and safety records showed that regular fire alarm and equipment safety testing was undertaken. There were satisfactory up-to-date inspection certificates for the areas that included gas, electricity and legionella. Regular servicing and repairs were undertaken and recorded for all appropriate equipment including moving and handling hoists and slings.

The environment was well maintained, clean and free from offensive odours. Cleaning and maintenance schedules were in place and followed by housekeeping staff. All staff had completed infection control training and it was updated annually. Personal protective equipment (PPE) including disposable gloves and aprons were located within each unit and were readily available for all staff. Staff used PPE as required, for example when they assisted people with personal care.

Is the service effective?

Our findings

People told us they felt supported by skilled and knowledgeable staff team. One person told us "Part of my rehab is to go shopping with staff today and I enjoy this, although going out for lunch afterwards is even better".

People were supported by staff that had the right knowledge and skills to meet the requirements of their role. Newly appointed staff undertook an induction that included the completion of the Skills for Care, care certificate. The care certificate is a set of minimum standards that social care and health workers work with in their daily working life. The standards give staff a good basis from which they can further develop their knowledge and skills. All new staff shadowed an experienced member of staff until they had the confidence to work independently.

Staff undertook training in topics that included fire safety, emergency aid, health and safety, and moving and handling. Staff completed moving and handling competency assessments annually. All training was undertaken within classroom sessions or through distance learning.

Staff told us that training was appropriate to their roles and always interesting and informative. Some staff had completed training linked to the qualification and credit framework (QCF) in health and social care to further increase their skills and knowledge and how to support people with their care needs. One member of staff told us "I feel totally supported". They also told us "I have completed my QCF level II and almost finished my QCF level III. The registered manager actively supports and promotes continual development".

All staff had undertaken management of violence and aggression (MOVA) training which focused on verbal de-escalation techniques. Staff told us their focus was always on understanding the people they supported really well to recognise signs prior to behaviours deteriorating. This meant they could use their knowledge and skills to distract or de-escalate any situations. Restraint was very rarely used within the service and all appropriate documentation was in place for the management of this.

The Mental Capacity Act 2005 (MCA 2005) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA 2005. The application procedure for this in care homes and hospitals is called the Deprivation of Liberty Safeguards (DoLS).

The Care Quality Commission (CQC) is required by law to monitor the operation of Deprivation of Liberty Safeguards. We discussed the requirements of the MCA 2005 and the associated DoLS, with the staff and management team. All staff spoken with gave clear examples of where best interest decisions had been used for people living at the service. Staff had received training in Mental Capacity Act 2005, Mental Health Act 1983 and Deprivation of Liberty safeguards and this was verified through training records.

Decision specific mental capacity assessments were in place and there was evidence of best interest decisions within people's care plan files. DoLS applications had been submitted to the relevant authorities appropriately. Some of these had not yet been authorised by the relevant authority however all supporting documentation was in place.

The documentation relating to the Mental Capacity Act 2005 and Mental Health Act 1983(MHA) was good and contained all the information required to meet the requirements of the Act. People detained at the service had the correct documentation in place which was stored appropriately. The systems that the registered provider had in place supported full adherence to the Mental Health Act and its Code of Practice.

Some staff told us they felt fully supported by the registered manager and management team. Records within staff files did not demonstrate that regular organisational or clinical supervision had taken place with all members of staff. Records did reflect that regular staff meetings had taken place through staff handover and weekly group supervision meetings within the Lowton Unit and the Willows. Within the Newton Unit staff told us they did not receive regular formal or clinical supervision and records confirmed this.

We recommend that the registered provider ensures that staff on Newton Unit receive appropriate clinical supervision to enable them to remain effective in their roles.

We attended multi-disciplinary team (MDT) meetings for two people. At each meeting the person attended and was given the opportunity to fully participate and offer their opinion throughout. The format of each meeting was adapted for each person, dependent on the legal status of them living at the service. One person said they were happy with the outcomes and looking forward to transferring to another service within TRU. They felt they were making progress.

People told us there was always plenty to eat and snacks and drinks were readily available throughout the day and evening. People could choose a light meal at lunchtime that included a selection of sandwiches or rolls with a filling of their choice, salad, jacket potato with a choice of fillings, fruit, yoghurt, crisps and biscuits. There were also omelettes or toasted sandwiches available. The evening meal was the main meal of the day which offered a choice of two meals as well as a vegetarian option. There was a selection of desserts available as well as a choice of hot or cold drinks. Records showed that people who had been identified as being at risk of malnutrition or dehydration had their food and fluid intake monitored by staff.

People were supported to access healthcare appointments by staff. Records showed staff liaised with health and social care professionals appropriately. People also had access to speech and language therapists, physiotherapists, occupational therapists, occupational psychologist, neuropsychologists and GPs. One person told us that staff prompted them to undertake their physiotherapy exercises. They told us "I hate doing my walking but I know I have to do to get better and go home in the future". A relative told us "I am always happy with all the clinical input offered at TRU".

Is the service caring?

Our findings

Staff spent time developing positive working relationships with people at the service. They demonstrated a good knowledge and understanding of each person they worked with. We observed friendly banter and fun between people living at the service and staff members on multiple occasions throughout our visit. Staff showed a caring approach to people and were seen offering encouragement when required, as well as demonstrating patience. We saw that staff had formed positive relationships with people living at the service.

People told us that they had a key worker. One person told us "My key worker has got to know me really well. They remind me and support me to attend appointments as well as buying gifts and cards for family. I enjoy spending time with my key worker we have lots of fun". We saw a member of staff supporting a person to do their weekly budget. They demonstrated patience throughout this process as the person could only engage in the activity for very short periods of time due to their brain injury. The member of staff supported the person to understand the amounts of money they would need to purchase the items they had on their list. The member of staff continually encouraged the person to make their own choices and decisions. Staff described positively the role of the key worker and stated the role gave them an opportunity to get to know the person really well and to spend additional time with them.

People were supported and encouraged to personalise their bedrooms with their own personal effects. Items included items of furniture, photographs, pictures on the wall, cuddly toys as well as ornaments. One person told us they liked their room and had everything they needed in there.

People's independence was promoted. One person told us "I am starting to cook my own meals, this is hard but I have staff support". Records showed people's independence was supported and encouraged through comprehensive activities of daily living routines. The routines described in detail what the person could do for themselves as well as support they required from staff. People told us they had been fully involved in this process.

The registered provider sought feedback from everyone living at the service. Records showed regular meetings had taken place and discussions had included: people requesting more choice and variety of weekly food takeaway items, ideas of places to visit during service outings as well as a request for a roast dinner every Sunday. Minutes of these meetings demonstrated the discussions that had taken place and the actions of when requests had been completed. All the above requests have been actioned promptly by the registered provider. Compliments received within these meetings were also noted and had included "All staff do a marvellous job" and "Cleaners are very good at cleaning".

Client satisfaction surveys were also completed by people living at the service quarterly. The registered provider collated the results and used them for service development. Records showed any person who had raised a concern or complaint on one of these surveys was contacted by the registered manager to have a discussion to resolve any issues.

The registered provider had an advocacy policy and procedure in place that included details of local services. Advocacy is the process of supporting and enabling people to express their views and concerns, access information and services as well as defending people's rights and responsibilities. Care plan records showed people had been supported to access advocacy services appropriately when required.

A recent compliment received by the service included "I would like to say 'a big thank you' for everything you and your team are doing with [name]. I have not felt so happy and positive in a long time and just hope we can be a family unit again in the future".

Is the service responsive?

Our findings

People told us they had been involved in the development of their care plans. We observed people's involvement within multidisciplinary (MDT) meetings. We saw records of review meetings that had taken place with the person in attendance as well as their key worker and relatives of their choice. This meant people were fully involved in the care and support they received.

At the last inspection we found the system for managing complaints was not effective. This was a breach of Regulation 16 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we reviewed all complaints received since the last inspection and found that a clear and well documented process had been followed. The registered provider had made the required improvement in this area and was now following their complaints policy and procedure.

People told us they knew how to raise concerns or complaints. One person said "I am regularly asked if I need to raise any concerns or complaints. I feel I would be listened to if I did have any concerns". The registered provider had a policy and procedure in place for dealing with any concerns or complaints. This was readily available to all people living at the service. People knew who to contact if they needed to raise a concern or complaint and felt confident to do so. One person told us they could talk to any member of staff or management if they needed to. Records showed that nine concerns and complaints had been received since the last inspection and all had been responded to appropriately and in a timely manner. The registered manager had met with each complainant to discuss their concerns and had followed up the meeting with a written response following any investigation. There was a clear audit trail for all complaints and concerns received.

A comprehensive assessment was undertaken prior to a person moving into the service. The assessment information was used to develop care plans, individual risk assessments and ensure appropriate staffing was available for the person when they moved into the service.

People's care plans were individualised, and included comprehensive information about the person including their social background history, medical diagnosis and information, as well as essential contact details including GP, social worker and other professionals involved with the person's care and support. The care plans were person centred and gave clear and detailed guidance to staff. They contained all the information staff required for people to be supported throughout the day and night. Each person had care plan file that contained care plan documents, risk assessments, involvement of other health professionals as well as daily records.

Each person had a 'things you must know about me' document that included 'what I want', 'what is important to me', 'who is important to me', 'things I like and dislike'. The document was a one-page profile that included essential and key information relating to that person. For example, one person did not like busy environments and noise and also disliked spicy foods. The document was prepared with each person and written in their own words.

Some people required additional health and well-being monitoring to ensure they remained well. One person required insulin for the management of their diabetes. Their nutrition and hydration was monitored and recorded daily and this information was shared regularly when they attended a diabetic clinic appointment. Their care plans included the way they wanted to live their life, the goals and outcomes they hoped to achieve, what they could do for themselves now as well as any staff support they required. Clear guidance was in place for signs staff needed to be aware of regarding high or low blood sugars along with the best way for them to manage this. By monitoring the person regularly, the registered provider ensured that in the event of this person's needs changing appropriate care and support was delivered in a timely manner.

People were supported to take part in activities of their choice and encouraged to maintain hobbies and interests. One person told us "I have my own gardening plot and I love it. I have birds that visit my garden every day and I feed them. I am doing an NVQ in horticulture". Another person told us "It's our group outing on Sunday and I really enjoy that". Several people talked to us about 'Grub club'. People described it being a themed night offering a three course meal as well as an opportunity to socialise with other people being supported by the registered provider. People told us that recent theme nights had included Mexican, American, Italian and Chinese themes. Everyone we spoke to spoke positively about these events. One person said "I love grub club".

During our visit we were able to see people participating in baking, watching programmes of their choice on television, listening to music and completing activities of daily living including laundry and cleaning tasks. We also observed people preparing to go out on external activities of their choice including a person visiting the cinema and another visiting the gym.

One person really enjoyed flower arranging and each Thursday the registered provider purchased flowers so the person could create arrangements to be used throughout the service.

Is the service well-led?

Our findings

The service's registered manager had been in post for three years. We received positive feedback from the staff and people living at the service about the manager. Staff said that they felt supported by the manager and that she went out of her way for people to support them. Staff told us that they were happy and confident to voice any issues or concerns that they had as well as feeling that any concerns would be acted upon. People at the service told us that they knew who the manager was and she was always available for them to speak to.

The management team included the registered manager, head of clinical services, clinical lead, supervisors, and a rehabilitation programme coordinator. There was a clear line of responsibility and accountability within the management structure. Primary, support and trainee coaches (support staff) were aware of who their line manager was and where they could gain advice and support at any time they were working. Staff had access to a 24-hour on call manager during weekends and out of hours.

At the last inspection there was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 as we found the system for assessing, monitoring and improving the quality of the service was ineffective and we asked the registered provider to take action regarding this. The registered provider was asked to send us an action plan detailing the actions they planned to take, when they would be completed and by whom. At this inspection we found significant progress and improvements had been made in regards to their action plan.

The registered provider undertook regular weekly, monthly and quarterly audits within the service. Audits included medication, health and safety, staff training, care plans, infection control, environment and daily records. Part of the audit process included detailed analysis to identify areas for improvement and development. Records reviewed showed actions had been highlighted with who was responsible to complete the action and by a specified date. Action plans were signed and dated when completed.

The registered provider had notified the Care Quality Commission promptly of all significant events which had occurred in line with their legal obligations. However, the registered provider had failed to notify the Care Quality Commission of Deprivation of Liberty Safeguards renewals. These were forwarded immediately following the inspection. Registered providers are required to inform the Care Quality Commission of certain incidents and events that happen within the service.

The registered provider had up-to-date policies and procedures in place for the service. Policies were available to all staff in order for them to be assisted to follow best practice. This ensured staff had accessed up-to-date information and guidance at all times.