

TRU (Transitional Rehabilitation Unit) Ltd

Lyme House

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

Lyme House is part of the Transitional Rehabilitation Unit group (TRU). The service provides rehabilitation for up to 21 people with a diagnosis of an Acquired Brain Injury (ABI).

This was an unannounced inspection carried out by an Adult Social Care inspector. During the inspection we spoke with five people who lived at the service, four members of staff and the registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

We observed care and support in communal areas, spoke with people in private and looked at care and management records.

We saw that medicines was not always managed safely or given in a manner that met people's individual needs.

Some of the systems used to assess the quality of the service had not identified the issues that we found during the inspection. The majority of these were discussed with the registered manager who immediately put new systems into place.

People told us that they had been included in planning and agreeing to the care and support provided. We saw that people had an individual plan, detailing the support they needed and how they wanted this to be provided.

People told us that they were treated with kindness, compassion and respect. We saw many positive interactions and people enjoyed talking to the staff in the home.

Staff we spoke with recognised the importance of knowing people's routines, so that, people received personalised support.

Staff met with people regularly, took the time to get to know them and supported them in undertaking activities according to their hobbies and interests.

Systems were in place that supported and encouraged people to share their views of the service they received. However, we did not see that the views of relatives had been sought.

People told us they were able to see their friends and families as they wanted. We saw that there were arrangements in place to support people living in the service to access the community and maintain relationships with their families.

The staff told us they were aware of their responsibility to protect people from harm or abuse. They knew the action to take if they were concerned about the safety or welfare of an individual. They told us they would be confident in reporting any concerns to management.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement 

The service was not always safe.

People in the service were placed at risk because medication was not managed safely and improvements were needed in order to meet people's needs.

Recruitment records showed staff were checked appropriately before they started working in the service.

There were enough staff in place to ensure people received appropriate support to meet their care needs.

All staff working in the service knew how to recognise and report abuse.

Is the service effective?

Good 

Members of staff we spoke with had an overview of the Mental Capacity Act 2005 and the Mental Health Act 1983 and how to ensure the rights of people to make decisions were respected.

All staff were provided with training to meet the needs of people living in the service.

Arrangements were in place to request health, social and medical support to help people stay well. People were given support to remain independent in relation to eating and drinking in a manner that met their individual needs.

We found the registered provider was meeting the requirements of the Deprivation of Liberty Safeguards (DoLS).

Is the service caring?

Good 

It was clear in observations that support staff had a good rapport with people living in the service. Staff were observed to support people in a manner that was respectful maintaining their dignity and met their individual needs.

People told us they were happy with the care and support they received and their needs were met.

Is the service responsive?

Good 

The service was responsive.

We saw that any concerns were actioned. People told us they felt confident to raise any concerns and their opinions would be listened to.

People's health, care and support needs were assessed and individual choices and preferences were discussed with people who used the service.

Family members and friends played an important role and people spent time with them.

Is the service well-led?

Good 

This service was well led.

The provider had notified us of any incidents that occurred, however they needed to make sure that they notified us of any Deprivation of Liberty Orders that were granted.

There were some systems in place to monitor the quality of the service. We identified some gaps in these systems and these were immediately rectified after the inspection.

The registered manager was well respected by all staff and importantly by people living in the service.

People were supported to express their opinions about the service provided to influence service delivery

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 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 18 February 2016 and was unannounced. The inspection was undertaken by an adult social care inspector.

Before the inspection we, reviewed all the information we already held about the service.

During our inspection we observed how the staff interacted with the people who lived in the service. We observed how people were supported throughout the day. We reviewed four care records, three staff recruitment records, staff training records and records relating to the management of the service such as audits, policies and procedures. During the inspection we spoke with five people who lived at the service, four members of staff, and the registered manager.

Is the service safe?

Our findings

People told us they felt safe living in the service. One person told us, "I know they have my best interests at heart. My coach (staff member allocated to the person) talks to me about what I want to do and how to stay safe". Another told us, "We plan what I'm going to do. We discuss how I'm going to do the things I want and what I need to do to stay safe. I know I sometimes want to do things that they don't think are good for me and they try to talk to me about it. Sometimes I listen sometimes I don't want to but I really think they want the best for me".

People told us they would be confident speaking to any member of the staff team or to the registered manager if they had any concerns. They all told us that they believed that any concerns they may have would be dealt with appropriately.

We reviewed records for medicines and found that the service was not always clearly recording the medicines given, medicines available or instructions. An example was that three people's medication administration records (MAR) did not describe the cautionary labels such as what other medicines could not be taken or if the medicine caused drowsiness. Several MAR's were hand written and did not include all the instructions that staff would need to have to give the medicine safely. There was not always an explanation for medicines not given, one person had not received two doses of two medicines. The manager investigated this following the inspection and informed us that there was an explanation for the medicines not being given.

There was no information available to inform staff, when to give as 'needed medication' (PRN). We looked at the policy and procedure for giving medicines and saw that there was no guidance on giving PRN medication. Following the inspection the manager sent us information to show that they had developed and put into place instructions for PRN medicines and for variable dose medicines such as give one or two doses of the medicine.

We looked at how the service managed external preparations such as creams. The registered manager had created a form that staff should sign when the cream was used. These cream records viewed were not completed; as such it was not possible for the provider to determine that staff had applied the cream as prescribed. Following the inspection the manager sent us information to show that they had developed and put into place "cream charts" including a body map in order that staff had the correct instructions to manage external preparations correctly.

Medicines were not correctly stored and were maintained in a locked cupboard that was next to a radiator and a window that heated up the cupboard. Records of the temperature of medicines showed that staff had recorded temperatures at above 25 degrees centigrade the maximum temperature at which medicines can be stored. We spoke with two staff members who were not aware of what the maximum temperature should be. Following the inspection the manager informed us that heat reflective blinds had been put into place and staff had been made aware of what the maximum temperature needed to be. They intended to monitor the temperature of the storage and if necessary move the medicine storage.

It is recommended that the service updates its policies and procedures in line with the NICE guidelines [SC1] Managing medicines in care homes published March 2014.

We reviewed the arrangements for fire safety. The majority of the doors in the service had an automatic closure system in place that in the event of a fire the doors would close safely. We saw that two doors, one for the kitchen and one for a main corridor were wedged open inappropriately. We were informed by the staff and the registered manager that the doors were wedged open so people with reduced mobility could access these areas. This action whilst useful in assisting the mobility of people was not suitable in assisting in the event of a fire. Following the inspection the registered manager arranged for appropriate equipment to be put into place on the fire doors maintaining the safety of people.

There was a fire risk assessment available that was in date. The registered manager informed us that she had completed this and did not have any training in assessing and determining the risks of fire such as fire door closure arrangements that were not included on the fire risk assessment. As such there were fire risks that were not identified on the risk assessment. The registered manager informed us following the inspection that they had contacted the fire authority for assistance.

We discussed the arrangements for the service to test and make sure that legionella infection risks were identified and actioned. The registered manager informed us that they did not have any Legionella testing in place and did not have any certificates that this occurred.

It is recommended that the provider makes arrangement to make sure that they obtain the appropriate testing and monitoring to prevent an outbreak of Legionella.

We looked at how the registered provider managed risks to people living in the service. We saw that risk assessments were available in care plans and these were updated to reflect changes in people's assessed needs. Staff spoken with were able to explain how they made sure that their practices maintained people's independence and took account of any potential risks.

Staff spoken with told us they had completed training to support people's safely, recognise and report abuse, and knew the actions to take if they were concerned that a person was at risk of harm. During discussions staff members were able to detail what action they needed to take and how they would deal with any incidents of abuse. They all expressed confidence that the management of the service would react to any allegations of abuse.

We looked at how the service recruited staff safely. We saw that there were appropriate checks undertaken before any staff member started working in the service maintaining the safety of people living there.

During most of our time in the service we saw that the staff provided the support people needed, when they required it. People told us there was more than enough staff to provide the support they needed. The service made sure that there was sufficient support staff to assist people in meeting their needs. This included undertaking activities in the community and support on a one to one basis. On the day of the inspection there were 19 people living in the service and 11 support staff were available. Additionally there was kitchen and domestic support staff.

The registered provider had systems in place to support people with their health care needs. Records reflected when external professionals such as dieticians were consulted with. The service had access to psychologists in order to appropriately support people living in the service.

Is the service effective?

Our findings

Everyone we spoke with told us that people were well cared for in this service and staff were aware of how to support them with their individual needs. People told us that they received the support they required to meet their needs. People detailed events such as going to family gatherings and accessing the community. Some of the people living in the service have their care managed under the Mental Health Act 1983 and or the Mental Capacity Act 2005 meaning that it has been agreed that the service is the place the person needed to reside at this time.

People were supported to make their own food as part of their care planning and dependant on their skills. There were meals available from the kitchen however when we spoke with people they were not aware of what food choices were available that day. The registered manager informed us that they would develop and put into place menus on dining room tables. We saw that were people had special dietary needs this was accommodated. This included making sure that people were supported to make healthy choices. There was also an understanding from staff that this was not always possible especially in the community however an ongoing support was available to people in helping them manage an appropriately healthy diet.

All the staff we spoke with told us they had to complete training to make sure they had the skills and knowledge to provide the support individuals needed. We looked at staff training records. A variety of training was offered, however not all staff had completed this. The service didn't record additional training it undertook such as any informal training. We also saw that staff were not assessed to check their competence to undertake some of the support they gave such as giving out medicines. Following the inspection, we received an information from the registered manager outlining how all staff would be assessed to check competence in the work they undertook.

We discussed with staff the arrangements in the service for supervision with their line manager. They told us they received supervision every two to three months and they found this of benefit. A log of supervision was available within the service and this showed that staff received supervision and a yearly appraisal in accordance with the services policy in order to assist staff in developing their skills.

The registered manager discussed their understanding of the Mental Capacity Act 2005 and its associated codes of practice. They had made appropriate referrals to social services using Deprivation of Liberty Safeguards (DoLS). Records were available as people who had to have safeguards in place due to their capacity needs. We looked at care records and found that the principles of the Mental Capacity Act 2005 Code of Practice were followed.

Is the service caring?

Our findings

People we spoke with made many positive comments about the support provided by the service. None of the people who lived in the service or the staff we spoke with raised any concerns about the quality of the care. Comments from people living in the service included "I know I need to stay here and I'm contented to do so at present. The staff and others are kind and caring. I know they mean well. I don't always want to do the things they think I should but I know when they explain I understand why".

Throughout our inspection we saw that people were treated with respect and in a caring and kind way. The staff were friendly, patient and discreet when they provided support to people. We saw that staff took the time to speak with people as they supported them. We observed many positive interactions and saw that these supported people's wellbeing. We saw staff laughing and joking with people and how people responded positively to this interaction. It was clear that people who lived in the service felt comfortable with staff and helpful, positive exchanges were observed frequently throughout the inspection.

We saw on a few occasions when a person was having difficulty managing their behaviour staff dealt with this in a calm and caring manner that supported them to respond positively.. The service monitored instances of behaviour in order to see what the patterns were. There was information that could be of benefit not available in these records. This was discussed with the registered manager who informed us of what they would do to increase the accuracy of behaviour monitoring in order to support people appropriately.

We saw that the staff were knowledgeable about the care people required and the things that were important to them in their lives. They were able to describe how different individuals liked to dress and we saw that people had their wishes respected.

We saw people being encouraged to do as much for themselves as they were able to. Some people used items of equipment to maintain their independence. Staff knew which people needed pieces of equipment to support their independence and ensured this was provided when they needed it.

There was a large programme per individual person that assisted them to learn and develop life skills. This was negotiated each week with the staff and included community activities. People were appropriately supported to undertake individual and group social activities. Staff and the registered manager were particularly proud of the work they undertook to support people with their social needs. People living in the service found the social activities they undertook of particular benefit.

Is the service responsive?

Our findings

People said that staff responded to them as individuals as an example one person told us that staff, "do understand me and try to listen to what I want".

All of the care records we looked at showed that people's needs were assessed before they had moved in. People living in the service confirmed that they had been involved in the assessment and describing their needs before they moved in. Care plans were reviewed at monthly intervals or when needs changed. Discussions with the staff showed they were aware of people's needs and how they would respond to caches support. The registered manager told us that the care plans were in a format that they were looking to change in order to make these easier to access. They outlined a number of plans that they intended to introduce in the future to make their care plans more effective.

People we spoke with said they found the meetings helpful because they felt staff listened to them. The registered manager told us that staff facilitated the planning meetings. The staff has a responsibility to ensure that the person they work with has maximum control over aspects of their life. We saw from team meeting and supervision records that staff discussed and shared information about people supported in order to provide continuity of support.

People told us they were aware of how to make a complaint and were confident they could express any concerns. One person told us that if they had any concerns they went straight to the registered manager and it was dealt with immediately. The registered manager told us, the service does make sure that it investigates any complaints and takes appropriate action. The service had a complaints procedure that is included in the information given to people when they moved into the service. The registered manager told us and this was confirmed by all staff that the registered manager encouraged staff to discuss any complaints during the care review meetings

We asked the registered manager how they assigned staff to people. They told us how they had spoken with people to find out what their interests and monitored staff interactions with people. The registered manager acknowledged that not all staff were suitable to work with all the people living in the service. However with shared interests and monitoring the service was able to assist in making sure at each shift suitable staff were allocated to support people as they needed. The registered manager stated this enhanced the relationships developed between staff and people who used the service. Improved relationships enabled staff to work more effectively with people and be better able to identify and respond to changes in people's support needs.

Is the service well-led?

Our findings

The service had a registered manager we observed that senior staff were supportive of the registered manager. People spoken with demonstrated that they knew the management team well. They told us that they saw the management team often and felt comfortable speaking with them. People who lived in the service felt confident that they could go to the registered manager or to any member of the staff and they would be listened to and their views acted on. Staff spoken with felt confident that they could approach the registered manager and that they would be listened to.

We reviewed a number of policies and procedures for the service these had been. Several of these were brief and needed to provide further guidance to staff. As an example the medication policy did not include information as to how to manage as needed medicines and the recruitment policy referenced legislation that was eight years old.

We saw that staff meetings were held on a regular basis and issues of concern noted and addressed. Staff told us they were informed of any changes which occurred within the service through staff meetings, which meant they received up to date information and were kept well informed.

The registered provider had notified the Care Quality Commission of all significant events which had occurred in line with their legal responsibilities with the exception of when DoLS orders were granted by the Local Authority. The registered manager apologised for this oversight and stated that a notification for granting of any DoLS order would be made in the future.

There were questionnaires regarding the quality of the available to people who lived in the service and the result of these were easily accessible. There were no questionnaires available for relatives or staff. Although staff meetings did take place monthly and did discuss the opportunity for anonymous views of staff was not available.

It is recommended that the service puts into place arrangements for peoples families and staff to provide an opinion as to the quality of the service and for the service to use this in any of their future planning.

The registered manager told us about audits they regularly undertook to ensure people received quality care. These included regular checks to make sure people received the right medicines, so that they would remain well. We saw that the medicines audits had not identified issues that we identified at the inspection. The registered manager also audited care planning reviews, risk assessments and people's physical health records. These audits helped the registered manager to find areas for improvements in the quality of the service received by people. As a result the registered manager and staff were reviewing and rewriting care plans for people living in the service.

The service is part of a larger group. There was no overall system in place from the provider for auditing quality. Quality auditing and checks were reliant on the individual manager to develop their own systems. The systems were not always adequate in identifying shortfalls in standards. For example there were shortfalls in the health and safety of the environment and in the safe management of medicines that had

not been identified. Following the inspection we were informed by the registered manager that they were reviewing the auditing arrangements in order to identify all gaps and develop the quality of the service.