

***We are the regulator:*** Our job is to check whether hospitals, care homes and care services are meeting essential standards.

## TRU ABI Rehabilitation Centre

200 Ashton Road, Newton-le-Williows, WA12  
0HW

Tel: 01942707000

Date of Inspection: 16 March 2015

Date of Publication: May  
2015

We inspected the following standards to check that action had been taken to meet them. This is what we found:

**Care and welfare of people who use services**



Met this standard

## Details about this location

Registered Provider	TRU (Transitional Rehabilitation Unit) Ltd
Registered Manager	Mrs Brenda Fairclough
Overview of the service	TRU ABI Rehabilitation Centre provides care and support for adults who have an acquired brain injury or those requiring treatment for substance misuse. The centre can provide care for people who are detained under the Mental Health Act 1983. The centre is in a rural setting in the Haydock area which is between Liverpool and Manchester. There is easy access via motor way networks with car parking on site. The centre is purpose built so is fully accessible to people with physical disabilities.
Type of services	Care home service with nursing Rehabilitation services Residential substance misuse treatment and/or rehabilitation service
Regulated activities	Accommodation for persons who require nursing or personal care Accommodation for persons who require treatment for substance misuse Assessment or medical treatment for persons detained under the Mental Health Act 1983 Treatment of disease, disorder or injury

## Contents

*When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.*

	Page
<b>Summary of this inspection:</b>	
Why we carried out this inspection	4
How we carried out this inspection	4
What people told us and what we found	4
More information about the provider	5
<b>Our judgements for each standard inspected:</b>	
Care and welfare of people who use services	6
<b>About CQC Inspections</b>	8
<b>How we define our judgements</b>	9
<b>Glossary of terms we use in this report</b>	11
<b>Contact us</b>	13

## Summary of this inspection

---

### Why we carried out this inspection

---

We carried out this inspection to check whether TRU ABI Rehabilitation Centre had taken action to meet the following essential standards:

- Care and welfare of people who use services

This was an unannounced inspection.

---

### How we carried out this inspection

---

We looked at the personal care or treatment records of people who use the service, carried out a visit on 16 March 2015, observed how people were being cared for and talked with people who use the service. We talked with staff.

We were accompanied by a Mental Health Act commissioner who met with patients who are detained or receiving supervised community treatment under the Mental Health Act 1983.

---

### What people told us and what we found

---

This was an unannounced visit. This meant that the provider was not aware of our proposed visit. Our inspection team was made up of one Inspector and a Mental Health Act Reviewer.

During inspections we routinely ask five questions; is the service caring? Is the service responsive? Is the service safe? Is the service effective? Is the service well led? This visit however was a follow up visit to see if rehabilitation provided to people who used the service had improved. This had meant that the service was not responsive to the needs of people and that the service did not promote the independence of people

We asked if the service is responsive and is the service caring?

The service was responsive

We found on this visit that action had been taken to ensure that care plans were adhered to and that all people who used the service received the appropriate support from other professionals in relation to their rehabilitation. We saw that arrangements for professionals to meet and discuss people's progress had been reviewed and now included all people involved with a person's rehabilitation. People who used the service told us that staff were "helpful and responsive"

The service was caring

We spoke to three people who were living in Newton Unit (a secure unit) during the time of our visit. One told us that "staff were helpful". The other told us "staff do what they can to help us". Another person was negative in their comments. This related to their recent experience of having a setback in their rehabilitation. Staff told us that they had sought to

reassure this person that they would progress. We observed interactions between people and staff and found them to be positive and supportive.

We found that the provider followed the 1983 Mental Health Act Code of Practice.

You can see our judgements on the front page of this report.

---

### **More information about the provider**

---

Please see our website [www.cqc.org.uk](http://www.cqc.org.uk) for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

## Our judgements for each standard inspected

### Care and welfare of people who use services

✓ Met this standard

People should get safe and appropriate care that meets their needs and supports their rights

---

### Our judgement

The provider was meeting this standard.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare.

---

### Reasons for our judgement

We looked at the care plans of seven people who used the service. We looked at six care plans on Newton Unit and one on the Lowton Unit. Our previous inspection had identified that care plans on all other units had been satisfactory with the exception of the Newton Unit. Newton unit is a nine bedded secure rehabilitation unit for men with acquired brain injuries detained under the 1983 Mental Health Act.

The care plan we looked at on Lowton contained an assessment of the person's needs before they came to use the service. This information had been transferred to a care plan. The care plan was reviewed on a regular basis and where changes to the needs of people occurred; these had been reflected in the plan. The plan we looked at contained an indication of what health professional were needed to best support the person. There was evidence of an on-going involvement of these professionals in their care. As a result we were able to conclude that the welfare of people was taken into account through the care planning process.

Our last inspection to Newton Unit noted that there was no evidence that rehabilitation plans were being carried out. This related in particular to involvement from psychiatrists, psychologists, speech and occupational therapists. We saw during this visit that systems had been put into place to ensure that all involvement from professionals was evidenced. The Registered Manager explained that they had introduced a recording system within care plans indicating which professionals had visited with a summary of their input. They had also requested that professionals evidenced plans of action for people's rehabilitation. The six care plans that we looked at all contained evidence of on-going involvement from other professionals relevant to people's rehabilitation.

We spoke to two registered nurses. They told us that unit rounds took place twice a week and that a multi-disciplinary meeting between all professionals occurred weekly as well. They told us that this had been introduced into the work they did and that it had been a positive move. They told us that all staff involved in any particular person's rehabilitation had the opportunity to comment on an equal footing with other professionals.

We spoke to three people who were living at Newton Unit during the time of our visit. One told us that "staff were generally helpful and responsive". Another told us "staff do what they can to help us". The third person was negative in their comments. This related to their recent experience of having a setback in their rehabilitation. Staff told us that they had sought to reassure this person that they would progress.

## About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of other services less often. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

## How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

**✓ Met this standard** This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.

**✗ Action needed** This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.

**✗ Enforcement action taken** If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

## How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

---

**Minor impact** - people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

---

**Moderate impact** - people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

---

**Major impact** - people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

---

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

## Glossary of terms we use in this report

### Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)

Consent to care and treatment - Outcome 2 (Regulation 18)

Care and welfare of people who use services - Outcome 4 (Regulation 9)

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

Safety and suitability of premises - Outcome 10 (Regulation 15)

Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

### Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

## Glossary of terms we use in this report (continued)

---

### **(Registered) Provider**

---

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

---

### **Regulations**

---

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

---

### **Responsive inspection**

---

This is carried out at any time in relation to identified concerns.

---

### **Routine inspection**

---

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

---

### **Themed inspection**

---

This is targeted to look at specific standards, sectors or types of care.

## Contact us

---

Phone: 03000 616161

---

---

Email: [enquiries@ccq.org.uk](mailto:enquiries@ccq.org.uk)

---

---

Write to us  
at: Care Quality Commission  
Citygate  
Gallowgate  
Newcastle upon Tyne  
NE1 4PA

---

---

Website: [www.cqc.org.uk](http://www.cqc.org.uk)

---

---

Copyright Copyright © (2011) Care Quality Commission (CQC). This publication may be reproduced in whole or in part, free of charge, in any format or medium provided that it is not used for commercial gain. This consent is subject to the material being reproduced accurately and on proviso that it is not used in a derogatory manner or misleading context. The material should be acknowledged as CQC copyright, with the title and date of publication of the document specified.

---