



Making Social Care
Better for People

Inspecting for better lives

Key inspection report

Care homes for adults (18-65 years)

Name:	Ashtons Cross
Address:	2 Tithebarn Road Ashton-in-makerfield Wigan Greater Manchester WN4 0YD

The quality rating for this care home is:

two star good service

A quality rating is our assessment of how well a care home, agency or scheme is meeting the needs of the people who use it. We give a quality rating following a full assessment of the service. We call this a 'key' inspection.

Lead inspector:	Date:
Michael Perry	1 8 0 6 2 0 0 9

This is a report of an inspection where we looked at how well this care home is meeting the needs of people who use it. There is a summary of what we think this service does well, what they have improved on and, where it applies, what they need to do better. We use the national minimum standards to describe the outcomes that people should experience. National minimum standards are written by the Department of Health for each type of care service.

After the summary there is more detail about our findings. The following table explains what you will see under each outcome area.

Outcome area (for example Choice of home)

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

This box tells you the outcomes that we will always inspect against when we do a key inspection.

This box tells you any additional outcomes that we may inspect against when we do a key inspection.

This is what people staying in this care home experience:

Judgement:

This box tells you our opinion of what we have looked at in this outcome area. We will say whether it is excellent, good, adequate or poor.

Evidence:

This box describes the information we used to come to our judgement.

Copies of the National Minimum Standards – Care Homes for Adults (18-65 years) can be found at www.dh.gov.uk or bought from The Stationery Office (TSO) PO Box 29, St Crispins, Duke Street, Norwich, NR3 1GN. Tel: 0870 600 5522. Online ordering from the Stationery Office is also available: www.tso.co.uk/bookshop

The Commission for Social Care Inspection aims to:

- Put the people who use social care first
- Improve services and stamp out bad practice
- Be an expert voice on social care
- Practise what we preach in our own organisation

Our duty to regulate social care services is set out in the Care Standards Act 2000.

Reader Information

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Internet address	www.cqc.org.uk

Information about the care home

Name of care home:	Ashtons Cross
Address:	2 Tithebarn Road Ashton-in-makerfield Wigan Greater Manchester WN4 0YD
Telephone number:	01942767060
Fax number:	01942767062
Email address:	
Provider web address:	

Name of registered provider(s):	TRU Limited
Name of registered manager (if applicable)	
Mr Darren Gibson	
Type of registration:	care home
Number of places registered:	15

Conditions of registration:		
Category(ies) :	Number of places (if applicable):	
	Under 65	Over 65
physical disability	15	0
Additional conditions:		
One named service user under the age of 18. The key staff working with the service user should be at least 21 years of age.		
Service users to include up to 15 PD		

Date of last inspection								
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Brief description of the care home
Ashton Cross opened in June 1992 and is a home, consisting of two separate houses (Woodlands and Beeches), registered to provide personal care and support to 15 service users with physical disabilities. Ages can range between 18 and 65 years.
The home specialise in rehabilitation for service users who have acquired brain injuries and aim to assist them back to independent living. The two units offer different levels of support. The home is owned by TRU (Transitional Rehabilitation Unit) and is managed by Mr Darren Gibson. The Responsible Person is Mr William Kenyon.

Brief description of the care home

Residents of the Home are encouraged to undertake paid work linked to achieving agreed aims and objectives on individual care plans. The home is part of a comprehensive rehabilitation service involving two other care homes and community domicillary services as well as a variety of vocational work based workshops.

The home is located in the rural area of Ashton-in-Makerfield and is set in its own grounds with gardens. The home receives referrals nationwide due to the specialist area of care given.

The current fees are 1795 pounds to 3560 pounds weekly.

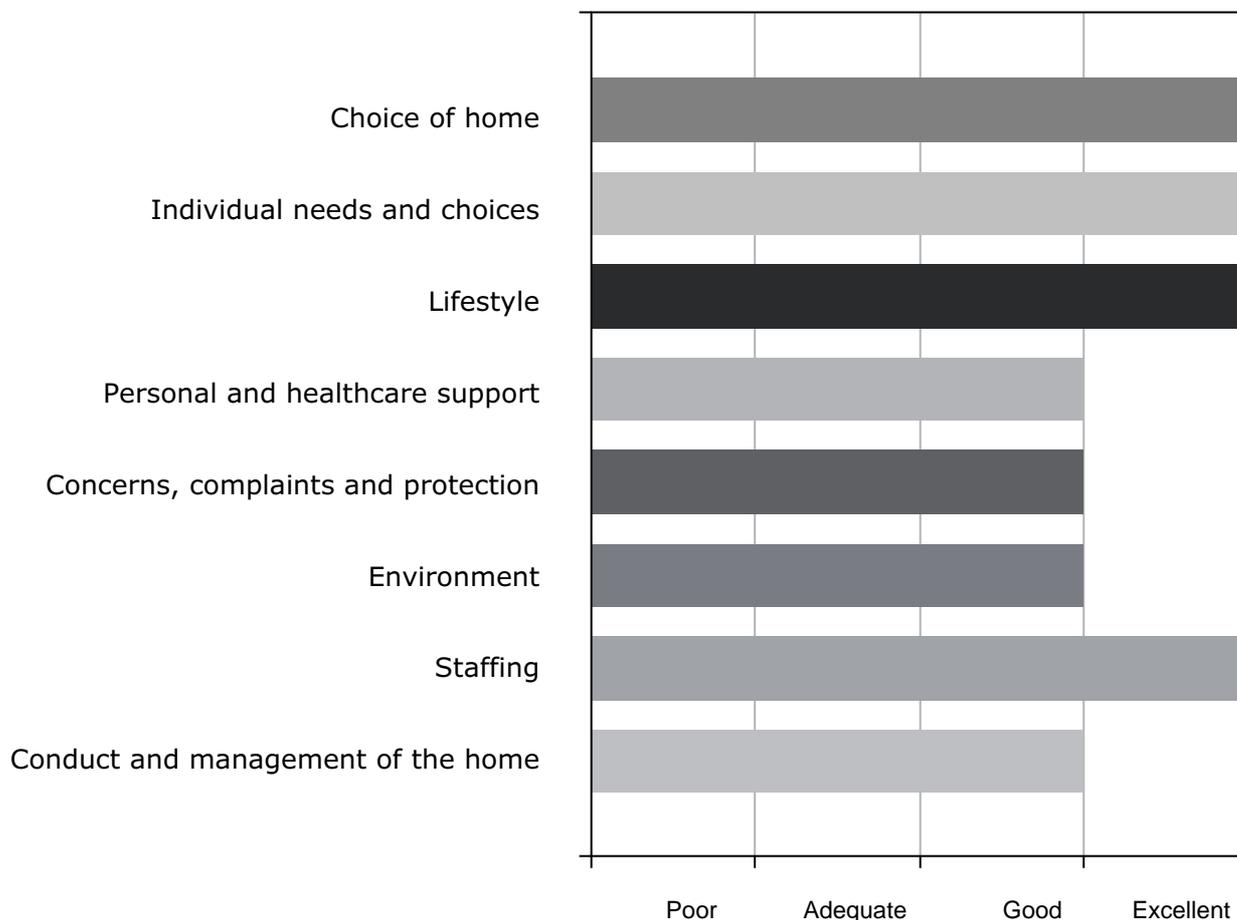
Summary

This is an overview of what we found during the inspection.

The quality rating for this care home is:

two star good service

Our judgement for each outcome:



How we did our inspection:

Before we visited the home the manager filled out a form (Annual Quality Self Assessment, or AQAA) we sent and returned this. It had a lot of information about the service and how the people are supported to live their lives.

We also sent for and received some feedback from surveys we sent to staff who work in the home. We also sent some surveys to people living at the service.

We visited the Ashton's Cross without telling the staff we were coming so that we could see how things work normally. We spoke with many of the people who live there and watched how they spend their day and how the staff support them. We also spoke with member's of staff and met with the provider.

We looked at the records kept on people who live in the home and other records to do with how the home is run. Some of the records are kept at the administration building for the organisation so we were able to visit here as well.

We looked around the home to see if it was clean and a nice place to live and we also looked at the grounds and spoke to people as we toured the site.

What the care home does well:

Overall Ashton's Cross provides a very good service for people with acquired brain injury. The focus is on rehabilitation and the service model is very structured and demands that people using the service are motivated to achieve agreed outcomes so that they can eventually lead a life in the wider community. Ashton's Cross is part of a wider organisation called Transitional Rehabilitation Unit [TRU].

The service has very well developed assessment procedures that include in depth assessments by the whole team at TRU lead by a psychologist. The assessments also include medical, physiotherapy and social input.

We looked at how the care is organised and how clients are assisted to make choices. Each client has a care plan. These outline the agreed daily routines and tasks that clients need to accomplish to achieve their rehabilitation goals. These are very clear and have been negotiated with each individual client. One person said:

'TRU have taught me how to cook, iron and generally support myself through some difficult times in my life'.

Another commented:

'I like the other residents and staff. It has helped me lose weight. I have plenty off and on site activities. I get support when I need it'.

We spoke to one person who was working in the garden who informed us; 'Its brilliant here and the staff are great with me'. The manager was able to identify a marked improvement in how this person related to people and general social skills.

Staff were clear that people's rehabilitation is based on the balance between supporting responsible behavior and taking risks that people with brain injury can have difficulty making judgments about. We looked at how the service assesses and manages risk and found this to be comprehensive in all areas. For example one person with needs around the control of aggression had been carefully reviewed over a long period and the care plan had been changed accordingly dependant on various risk assessments. A health care professional who had placed the person with the service commented:

'They have very thorough case reviews. They monitor the individual well at every level ie physically, cognitively, behaviorally and offer many different options. They offer many strategies and are very innovative in their approach. They are also very aware of statutory regulations and obligations and the impact these have on client and family'.

We spoke to people who have individual program's based around gaining independence in daily living skills such as shopping and cooking as well as promotion of personal care. There are a full range of vocational opportunities in the various TRU workshops ranging from mechanics, gardening, woodwork, arts and crafts and IT. The manager reported a recent scheme linked with a local college to encourage educational courses. One person said:

'Staff are brilliant. My primary coach works with me on my daily planner. I do lots of activities during the day. Helps me to concentrate. I went out last night for a meal. Go shopping and do own cooking, this is expected'.

We also found a strong accent on the recognition of people as individuals with respect their background and culture. For example a recent project where clients have been encouraged in the internal TRU Insight publication to produce pieces of work on different religious groups to increase both staff and clients awareness of peoples religious beliefs. This shows that the service are able to provide for a range of people with differing needs.

Interviews with staff showed them suitable for their posts and feedback from people using the service as well as referring professionals revealed strong confidence in the ability of staff to undertake their responsibilities.

We spoke with the training manager who produced evidence of a full range of training for staff which is ongoing and based around good practice in acquired brain injury and the service model. Staff have individual training programs for the next year.

One staff commented:

'TRU are good at training. Care plans are always up to date and we meet the needs of the clients. We are well specialised to clients with ABI' [acquired brain injury].

This shows that the staff are able to meet the needs of people using the service.

What has improved since the last inspection?

We spoke with the manager regarding the ongoing management and upgrading of the home. We observed the work completed since the last visit around the redecoration of all areas including the laundry. This has been upgraded following suggestions by clients and shows that the service listens and acts on the ideas of the people using the service.

What they could do better:

We reviewed the medication administration. All of those spoken with said that staff controlled medication and the manager confirmed this was unit policy. We felt that a global policy of this kind is contrary to the individual assessment and programs which are such a prominent feature in all other areas. We spoke with the manager about the need to consider programs of self medication for some individuals who may benefit from this independence at an earlier stage of rehabilitation.

We looked at medication records and had some concerns over the way medication is recorded. We looked at four examples of peoples medication charts but could not complete any stock audit as the dates when medications were received onto the unit were not recorded. There was also no record of who received the medications on the medication record. Some entries on medication record charts were handwritten by staff. It is good practice to have two staff signature for these entries as a check for

accuracy and to avoid errors. There were no staff signatures for these entries. The entries were also not dated.

We looked at two people who were on medication to be given when necessary [PRN]. There was no indication from medication records or care plans as to why and when this medication should be given. Such instructions are important so that staff are giving medication for consistent reasons.

We would require that the records in use on the unit are maintained as the contemporaneous record as this will avoid confusion and assist staff locally to monitor medications effectively.

If you want to know what action the person responsible for this care home is taking following this report, you can contact them using the details set out on page 4.

The report of this inspection is available from our website www.cqc.org.uk. You can get printed copies from enquiries@cqc.org.uk or by telephoning our order line –0870 240 7535.

Details of our findings

Contents

Choice of home (standards 1 - 5)

Individual needs and choices (standards 6-10)

Lifestyle (standards 11 - 17)

Personal and healthcare support (standards 18 - 21)

Concerns, complaints and protection (standards 22 - 23)

Environment (standards 24 - 30)

Staffing (standards 31 - 36)

Conduct and management of the home (standards 37 - 43)

Outstanding statutory requirements

Requirements and recommendations from this inspection

Choice of home

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

People are confident that the care home can support them. This is because there is an accurate assessment of their needs that they, or people close to them, have been involved in. This tells the home all about them, what they hope for and want to achieve, and the support they need.

People can decide whether the care home can meet their support and accommodation needs. This is because they, and people close to them, can visit the home and get full, clear, accurate and up to date information. If they decide to stay in the home they know about their rights and responsibilities because there is an easy to understand contract or statement of terms and conditions between the person and the care home that includes how much they will pay and what the home provides for the money.

This is what people staying in this care home experience:

Judgement:

People using this service experience **excellent** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

People are admitted following assessment and are given information so that they are able to have as much prior knowledge of the service as possible.

Evidence:

We looked at the information supplied by the home at the point of people moving in. The 'client guide' is a useful document and is easy to read. Those residents spoken with said that this had helped them to settle into the home and they had had a copy given to them. There is a complaints procedure and there are clear rules and guidelines [bill of rights] so that people are aware of their rights while staying in the home.

We also looked at the assessments carried out prior to and during the admission phase. These were very comprehensive and included all aspects of the persons care including assessment of any risk factors that the person may experience in their daily life. The assessments are carried out by a team of staff from TRU including both psychology and medical input. The assessments also included those from professionals

Evidence:

in health and social care who may have referred the person to the service. For example one resident has poor mobility and requires a mobility aid to get around but had received physiotherapy assessment and follow up. This sort of assessment helps the staff in the home to meet the persons needs. The assessments also included proposed and agreed long term aims and objectives as well as proposals for work placements so that even at the point of initial assessment each client has a clear view of the reasons for the rehabilitation and how this might be carried out.

The manager explained that each person is invited to the home for visits prior to moving in so that they can be clear about the make up of the accommodation and the people living in the home. This also gives a chance for staff to get to know the person.

Individual needs and choices

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

People's needs and goals are met. The home has a plan of care that the person, or someone close to them, has been involved in making. People are able to make decisions about their life, including their finances, with support if they need it. This is because the staff promote their rights and choices. People are supported to take risks to enable them to stay independent. This is because the staff have appropriate information on which to base decisions.

People are asked about, and are involved in, all aspects of life in the home. This is because the manager and staff offer them opportunities to participate in the day to day running of the home and enable them to influence key decisions. People are confident that the home handles information about them appropriately. This is because the home has clear policies and procedures that staff follow.

This is what people staying in this care home experience:

Judgement:

People using this service experience **excellent** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

The service provides a highly structured rehabilitation program so that people can make choices within a safe framework.

Evidence:

We looked at how the care is organised and how clients are assisted to make choices. Each client has a care plan. This takes the form of daily and weekly planners and also target sheets. These outline the agreed daily routines and tasks that clients need to accomplish to achieve their rehabilitation goals. These are very clear and have clearly been negotiated with each individual client.

We spoke to one person who showed us their daily planner which consisted of a series of work placements and activities including art class, cooking and cleaning routines. The person said:

'TRU have taught me how to cook, iron and generally support myself through some

Evidence:

difficult times in my life'.

Another commented:

'I like the other residents and staff. It has helped me lose weight. I have plenty off and on site activities. I get support when i need it'.

Generally the comments received were positive and people seemed to be benefitting greatly from the highly structured routines and service model. We spoke to one person who was working in the garden who informed us; 'Its brilliant here and the staff are great with me'. The manager was able to identify a marked improvment in how this person related to people and general social skills.

Due to the specialist nature of the service and the complex needs of the people admittted some of the people we received feedback from felt that their choices were limited. For example some returned surveys saying that they had had little choice in being sent to TRU and that unless negotiated as part of the care programme choices about what to do could be limited on a daily basis. One said ' I would like to choose more what I want to do on daily basis'. Another commented 'I wish they would would trust us more, I would like to be more independant'.

We discussed this with staff who were clear that the service aimed to provide a full choice of activity and therapy and people's rehabilitation is based on the balance between supporting responsible behavior and taking risks that people with brain injury can have difficulty making judgments about. We looked at how the service assesses and manages risk and found this to be comprehensive in all areas. For example one person with needs around the control of agression had been carefully reviewed over a long period and the care plan had been changed accordingly dependant on varios risk assesments. A health care professional who had placed the person with the service commented:

'They have very thorough case reviews. They monitor well the individual at every level ie physically, cognitively, behaviorally and offer many different options. If plan A does not work then something else is put forward. They offer many stratagies and are very inovative in thier approach. They are also very aware of statutory regulations and obligations and the impact these have on client and famly'.

Lifestyle

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

Each person is treated as an individual and the care home is responsive to his or her race, culture, religion, age, disability, gender and sexual orientation. They can take part in activities that are appropriate to their age and culture and are part of their local community. The care home supports people to follow personal interests and activities. People are able to keep in touch with family, friends and representatives and the home supports them to have appropriate personal, family and sexual relationships. People are as independent as they can be, lead their chosen lifestyle and have the opportunity to make the most of their abilities. Their dignity and rights are respected in their daily life. People have healthy, well-presented meals and snacks, at a time and place to suit them.

People have opportunities to develop their social, emotional, communication and independent living skills. This is because the staff support their personal development. People choose and participate in suitable leisure activities.

This is what people staying in this care home experience:

Judgement:

People using this service experience **excellent** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

The service offers a number of lifestyle choices based around rehabilitation goal so that people can develop social, emotional and independent living skills.

Evidence:

People who use the service are supported and encouraged to participate in a variety of social, occupational and learning experiences that promote self help and coping strategies. We spoke to people who have individual program's based around gaining Independence in daily living skills such as shopping and cooking as well as promotion of personal care. There are a full range of vocational opportunities in the various TRU workshops ranging from mechanics, gardening, woodwork, arts and crafts and IT. The manager reported a recent scheme linked with a local college to encourage educational courses. One person said:

Evidence:

'Staff are brilliant. My primary coach works with me on my daily planner. I do lots of activities during the day. Helps me to concentrate. I went out last night for a meal. Go shopping and do own cooking, this is expected'.

All meals are planned and cooked by clients apart from a communal meal at the weekend.

We also found a strong accent on the recognition of people as individuals with respect their background and culture. For example a recent project where clients have been encouraged in the internal TRU Insight publication to produce pieces of work on different religious groups to increase both staff and clients awareness of peoples religious beliefs. We also spoke with one resident who has a physical disability at present and has mobility needs but the feedback was that the support offered was good. This shows that the service will care for people with a diverse range of needs.

One person spoken with had some issues around continuing a relationship with a client of the opposite sex. We spoke to the manager about the unit policy and this is consistent in that on site sexual activity is not supported due to the issues this raises around risk and the continuing rehabilitation programs but relationships are supported in a global sense. This was evidenced by two people in the service having got engaged and issues such as sexual intimacy are supported off site.

Personal and healthcare support

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

People receive personal support from staff in the way they prefer and want. Their physical and emotional health needs are met because the home has procedures in place that staff follow. If people take medicine, they manage it themselves if they can. If they cannot manage their medicine, the care home supports them with it in a safe way.

If people are approaching the end of their life, the care home will respect their choices and help them to feel comfortable and secure. They, and people close to them, are reassured that their death will be handled with sensitivity, dignity and respect, and take account of their spiritual and cultural wishes.

This is what people staying in this care home experience:

Judgement:

People using this service experience **good** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

Health and personal care is generally managed well and the best interests of people are promoted.

Evidence:

Most of the people being supported are able to manage their own personal care needs with varying amounts of support. Those spoken with indicated that staff support them well when needed and treated them with respect. Care plans seen that included elements of personal care were very descriptive of how this should be carried out and how clients are expected to learn self help in these areas.

We found health care to be well managed and supported. We reviewed one resident who was being supported through attendance at Walton Hospital and the liaison with the in house medical team was acting in the interests of the person concerned.

The preinspection information [AQAA] lists a range of in house medical and psychology input and this is available on a daily basis. People spoken with said that they were continuing to be reviewed and supported. One person as receiving ongoing

Evidence:

physiotherapy and another was being supported through a program of intermittent self catheterisation [procedure were a tube is passed into the bladder to void urine].

We reviewed the medication administration. People using the service said that medication was administered on time and that they received all of their medication. All of those spoken with said that staff controlled medication and the manager confirmed this was unit policy. We understand the need to be vigilant regarding the risk that self medication imposes but felt that a global policy of this kind is contrary to the individual assessment and programs which are such a prominent feature in all other areas. We spoke with the manager about the need to consider programs of self medication for some individuals who may benefit from this independence at an earlier stage of rehabilitation.

We looked at medication records and had some concerns over the way medication is recorded. We looked at four examples of peoples medication charts but could not complete any stock audit as the dates when medications where received onto the unit where not recorded. There was also no record of who received the medications on the medication record. We were informed that although the medication administration records[MAR] were based over a month the pharmacy deliveries were weekly which further confused the recording process [no room to sign in four lots of delivery].

Some entries on MAR charts were handwritten by staff indicating prescriptions of medicines midway through the delivery cycle. It is good practice to have two staff signature for these entries as a check for accuracy and to avoid errors. There were no staff signatures for these entries. The entries were also not dated.

We looked at two people who were on medication to be given when nesarsary [PRN]. There was no indication from medication records or care plans as to why and when this medication should be given. Such instructions are important so that staff are giving medication for consistent reasons.

We spoke with the manager and were informed that the medication officer maintains records independent of the records on the unit but we would require that the records in use on the unit are maintained as the contemporaneous record as this will avoid confusion and assist staff locally to monitor medications effectively.

Concerns, complaints and protection

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

If people have concerns with their care, they or people close to them, know how to complain. Their concern is looked into and action taken to put things right. The care home safeguards people from abuse, neglect and self-harm and takes action to follow up any allegations.

There are no additional outcomes.

This is what people staying in this care home experience:

Judgement:

People using this service experience **good** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

There are policies and procedures and staff are trained so that peoples concerns are listened to and reported and they are protected

Evidence:

There is a complaints procedure available for people in the service. This is displayed in the 'client guide' Those spoken with were very relaxed around staff and said that generally they were listened to so that any concerns could be addressed.

We asked about any complaints made about the service in the last year and there have been six from varios people who use the service. We looked at two of these and found that they had been dealt with appropaitly by the manager so that redress was apparent.

We asked staff about their understanding of abuse and how to identify it and how to report any concerns. All staff have undergone training and those spoken with could identify different kinds of abuse and displayed a good understanding of the importance of alerting people in authority. One staff said 'safegaurding cuts across all of the training we do as it has implications in every area'.

Staff were able show us copies of the homes policies and procedures. The training ensures that all staff have up to date information regarding current good practice. The

Evidence:

manager was knowledgeable and could explain how to contact the local safeguarding team and understood how an investigation would be organized and has experienced this. This helps ensure that residents are kept safe in the service.

Environment

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

People stay in a safe and well-maintained home that is homely, clean, comfortable, pleasant and hygienic.

People stay in a home that has enough space and facilities for them to lead the life they choose and to meet their needs. The home makes sure they have the right specialist equipment that encourages and promotes their independence. Their room feels like their own, it is comfortable and they feel safe when they use it. People have enough privacy when using toilets and bathrooms.

This is what people staying in this care home experience:

Judgement:

People using this service experience **good** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

The general environment at Ashton's Cross continues to develop positively so that the needs of the client group are met.

Evidence:

We toured the service and spoke to people living at Ashtons Cross. We found the the environment to be relaxed and welcoming but also very busy and to have a working atmosphere. Residents were seen around the grounds and on both units involved in various activity. The general atmosphere was very positive. Some clients were off site at work placements in other parts of TRU such as Margaret House and Lyme House which are also part of the organisation.

All areas seen were generally clean and clients are expected to maintain their own areas and also the shared kitchen facilities. There is domestic cover to ensure basic standards are maintained. Bedrooms were not seen but those spoken with are able to personalise their rooms so that individual lifestyles were reflected. Those people spoken with had keys to their rooms and said that privacy was respected.

The external grounds are easily accessible. One resident spoken with has difficulty with mobilizing and the home have made it possible to move freely around the home by

Evidence:

providing easy access to all areas including the provision of appropriate toilet and bathing facilities. This shows that the management have considered people with physical disability and have taken time to ensure they can access facilities in the home. There is also a separation of female and male clients over the two units but both sharing much of the day facilities so that aspects of safety, privacy and dignity are considered and well managed.

We spoke with the manager regarding the ongoing management and upgrading of the home. We observed the work completed since the last visit around the redecoration of all areas including the laundry. This has been upgraded following suggestions by clients and shows that the service listens and acts on the ideas of the people using the service.

Staffing

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

People have safe and appropriate support as there are enough competent, qualified staff on duty at all times. They have confidence in the staff at the home because checks have been done to make sure that they are suitable. People's needs are met and they are supported because staff get the right training, supervision and support they need from their managers.

People are supported by an effective staff team who understand and do what is expected of them.

This is what people staying in this care home experience:

Judgement:

People using this service experience **excellent** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

Staff are recruited and trained to high standards so that people using the service are well supported.

Evidence:

We looked at staff records for three staff working at Ashton's Cross. These were staff who were fairly new to the service although have worked for the organization at other facilities. All of the files seen were well organised and easy to reference. All of the statutory recruitment checks to ensure that staff are fit to work with vulnerable people were in place so that people using the service are protected. The supporting evidence from the files was that the recruitment and selection of staff is highly organised.

Interviews with staff showed them suitable for their posts and feedback from people using the service as well as referring professionals revealed strong confidence in the ability of staff to undertake their responsibilities. Staff working at Ashton's Cross have all worked in other areas of the organisation and are therefore experienced and comfortable with the clinical work required.

A full induction program is available for staff and regular training opportunities are offered. We spoke with the training manager who produced evidence of a full range of

Evidence:

training for staff which is ongoing and based around good practice in acquired brain injury and the service model. Staff reported that they are expected to undertake training on a regular basis and that this is a requirement of any progress in terms of promotion to the next stage of clinical work. Staff have individual training programs for the next year.

We spoke to a number of staff and it is clear that TRU are supporting staff on a regular basis so that they have clear direction for their work. This includes appraisal and performance assessments and supervision linked to pay bonuses. One staff commented:

'TRU are good at training. Care plans are always up to date and we meet the needs of the clients. We are well specialised to clients with ABI' [acquired brain injury].

Other staff, although satisfied with the organisation would welcome more input to the clinical decision making. One commented:

'We could have more team input into clients program. For example from the coach and primary coach who work with an individual client rather than management deciding change to clients program in supervision. This happens frequently with no coach ever present. Coaches have to implement change with no real input'.

All staff spoken with felt that they could raise these issues and would be listened to however.

We spoke to people using the service and the feedback about the staff was generally very positive. All could identify their coaches and could clearly explain the role that they play in supporting them.

Conduct and management of the home

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

People have confidence in the care home because it is run and managed appropriately. People's opinions are central to how the home develops and reviews their practice, as the home has appropriate ways of making sure they continue to get things right. The environment is safe for people and staff because health and safety practices are carried out.

People get the right support from the care home because the manager runs it appropriately, with an open approach that makes them feel valued and respected. They are safeguarded because the home follows clear financial and accounting procedures, keeps records appropriately and makes sure staff understand the way things should be done.

This is what people staying in this care home experience:

Judgement:

People using this service experience **good** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

The service continues to be managed and developed so that the best interests of the service users are promoted.

Evidence:

The manager is Darren Gibson who has been registered with the Care Quality Commission within the last year. We spoke at length and he was able to give a clear outline of the current needs of the service in supporting residents with acquired brain injury and also outline how future developments would fit in with best practice. For example there was clearly an understanding of how the service model at Ashton's Cross fitted in with the rest of the service at TRU and how individuals can be supported with longer term aims in mind. Also how the service model focuses on self help skills and adaptation of behavior.

This is echoed in the annual review for the service seen [for 2008]. This defines the service as:

Evidence:

'We aim to provide realistic, holistic and 'real world' approach to rehabilitation within a safe learning environment'.

We reviewed the service with respect to new legislation and guidance around the Mental Capacity Act and 'Deprivation of Liberty' safeguards which are central to the ongoing service development. We were advised that one part of the service [not Ashton's Cross] have referred people through for assessment under the guidelines. Also that all staff have received training around the issues involved. This shows that the service is developing in line with current legislation and good practice.

We asked how the service promotes people's views and suggestions and was told about the regular community meetings so that residents can air any views or concerns. These are now held daily and provide a focus for people to both air views and also plan the day. It is a positive start to the day. The service also canvasses opinions of residents through surveys so that people can provide feedback about the service and feel more involved in the running of the service.

The manager discussed the various internal audits that are carried out including regular environmental checks and also visits by a service manager who completes a regular inspection and report [Regulation 26 report] which provides further feedback for the manager.

We found that the management of health and safety in the home was good. The pre inspection information [AQAA] completed states that all safety certificates are up to date and some of these were spot checked on the inspection. This ensures that the environment for people is safe and maintained. The Health and Safety policy is available. Staff receive good training in Health and Safety and this was confirmed by the available training records as well as staff interviews.

We gave feedback at the end of the inspection around the management of medication on the unit and some discrepancies around medication records reviewed. This is a 'key' standard that management need take action with respect to the requirement and recommendations made.

Are there any outstanding requirements from the last inspection?

Yes

No

Outstanding statutory requirements

These are requirements that were set at the previous inspection, but have still not been met. They say what the registered person had to do to meet the Care Standards Act 2000, Care Homes Regulations 2001 and the National Minimum Standards.

No.	Standard	Regulation	Requirement	Timescale for action
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Requirements and recommendations from this inspection:

Immediate requirements:

These are immediate requirements that were set on the day we visited this care home. The registered person had to meet these within 48 hours.

No.	Standard	Regulation	Requirement	Timescale for action
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Statutory requirements

These requirements set out what the registered person must do to meet the Care Standards Act 2000, Care Homes Regulations 2001 and the National Minimum Standards. The registered person(s) must do this within the timescales we have set.

No.	Standard	Regulation	Requirement	Timescale for action
1	20	13	<p>Medication records at the service must show accuracy in terms of medicines received [and disposed of] which includes the date received and the signature of who received them.</p> <p>This is to ensure that a routine audit of the medicines can be conducted to ensure that there is no mishandling of medicines..</p>	06/07/2009

Recommendations

These recommendations are taken from the best practice described in the National Minimum Standards and the registered person(s) should consider them as a way of improving their service.

No.	Refer to Standard	Good Practice Recommendations
1	20	<p>All handwritten entries on the medication record [MAR] should be double signed to ensure accuracy and reduce risk of error.</p> <p>We would recommend that all people having PRN medication have this recorded on a care plan [kept with the medication record?] so that staff can be consistent in their administration.</p>

		<p>We would recommend that the unit policy around self medication is reviewed with reference to comments in the report.</p> <p>We would recommend that medication audits are undertaken using the local unit based medication records as the basis for monitoring.</p>
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