

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 Willows, WA12
0HW

Tel: 01942707000

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We inspected the following standards as part of a routine inspection. This is what we found:

Care and welfare of people who use services	✓ Met this standard
Safeguarding people who use services from abuse	✓ Met this standard
Safety and suitability of premises	✓ Met this standard

Details about this location

Registered Provider	TRU Limited
Overview of the service	TRU ABI Rehabilitation Centre provides care and support for adults who have suffered acquired brain injury or those requiring treatment for substance misuse. The centre also provides care for people who are detained under The Mental Health Act 1983. The centre is in a rural settings between Liverpool and Manchester. There is easy access via public transport and motor way networks.
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

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Summary of this inspection

Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

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 26 February 2013, observed how people were being cared for and checked how people were cared for at each stage of their treatment and care. We talked with staff.

What people told us and what we found

Care was provided in an environment that was clean and organised. People who used the service were able to have their own personal belongings to make individual rooms more personalised.

We found care files contained detailed assessments of care needs and assessments of risks for each individual. There was good background information about each person, including hobbies and interests, and any cultural needs.

We saw that when care plans were implemented and reviewed, individuals were fully involved, as were relatives or advocates. When people were unable to make decisions for themselves, best interest meetings had taken place and were well documented.

Following the last inspection we found that restraint of a person who required treatment on a regular basis was not undertaken within the MHA code of practice (1983). We assessed this standard again to review what action had been taken.

When we reviewed the care files and daily records we found action had been implemented to ensure that when any restraint was applied, this was recorded fully.

There were appropriate systems in place to monitor and manage the maintenance of the centre. Contracts were in place for waste collection and service and maintenance of equipment.

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 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.

People experienced care, treatment and support that met their needs and protected their rights.

Reasons for our judgement

Care was provided in an environment that was clean and organised. People who used the service were able to have their own personal belongings to make individual rooms more personalised.

The centre was divided into three units: The Willows, Lowton and Newton. Newton unit provided care for adults who were detained under the Mental Health Act 1983. During the inspection we visited The Willows unit and sampled six care files from across the three units.

We found files contained detailed assessments of care needs and assessments of risks for each individual. There was good background information about each person, including hobbies and interests, and any cultural needs. The information gathered for these assessments made sure that particular individual needs were identified, and the centre could meet those needs. We noted in each person's file choices and preferences were recorded.

We found each person's weight was recorded on admission and then at regular intervals. Guidance on Malnutrition Universal Screening Tool (MUST) available in each medical room, in the three units. This gave staff guidance on how to identify people who may be at risk of malnutrition or obesity. We saw health needs were appropriately assessed and that referrals had been made to other agencies where required. We noted a GP was attending during the inspection.

We saw that when care plans were implemented and reviewed, individuals were fully involved, as were relatives or advocates. When people were unable to make decisions for themselves, best interest meetings had taken place and were well documented.

Multi disciplinary meetings were held each week. These were attended by GP, primary coach and key worker for individuals and a clinical psychologist. We were able to triangulate individual care plans were updated if required following these meetings.

Staff explained audits of care plans were undertaken and we sampled action plans sent to individual key workers, as a result of the audits.

Activities were part of individual weekly planners for people who used the service. Some people attended the various daily workshops available, such as mechanics, woodwork and horticulture. Transport was provided to and from the off site centres which provided these activities.

During the inspection we did not meet with any visitors and the people who used the service, were unable to give any comments in relation to their care due to their high level of needs or restricted communication. However we were able to sample contact emails with relatives and these demonstrated that the centre kept relatives up to date at regular intervals and informed them of any incidents or gave information that needed to be shared. Relatives responses were positive and gave no cause of concern about care and welfare.

People should be protected from abuse and staff should respect their human rights

Our judgement

The provider was meeting this standard.

People who use the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

Reasons for our judgement

Following the last inspection we found that restraint of a person who required treatment on a regular basis was not undertaken within the MHA code of practice (1983). We assessed this standard again to review what action had been taken.

When we reviewed care files and daily records we found action had been implemented to ensure that when any restraint was applied, this was managed safely and effectively.

Records demonstrated consent had been attempted to be gained to avoid restraint, and when this was not obtained, it was detailed who was involved in the restraint and the position of each person. This was documented on a body map. It was also recorded the act of restraint had been reviewed on each occasion. Each restraint had been dated and timed.

We saw that staff had received training in restraint techniques and how to manage challenging behaviour. Training in safeguarding vulnerable adults had also been undertaken.

We spoke with three members of staff regarding their understanding of safeguarding issues and how to respond to any allegation of abuse. Staff were fully aware of the safeguarding process and confirmed that they had received safeguarding training.

Appropriate policy and procedure guidance was in place for staff. The policy contained contact numbers for the local social services safeguarding team and other external agencies, including the Care Quality Commission.

Safety and suitability of premises

✓ Met this standard

People should be cared for in safe and accessible surroundings that support their health and welfare

Our judgement

The provider was meeting this standard.

People who use the service, staff and visitors were protected against the risks of unsafe or unsuitable premises.

Reasons for our judgement

We found care was provided in an environment which was clean and organised.

There were appropriate systems in place to monitor and manage the maintenance of the centre. Contracts were in place for waste collection and service and maintenance of equipment.

During a tour of the centre and in particular The Willows unit, we saw that electrical equipment was portable appliance tested (PAT) and fire extinguishers had been checked annually. Fire exits were well signposted, with evacuation plans clearly displayed. Radiator covers were fitted to prevent the risk of accidental burns. Emergency lighting was provided throughout the home.

Individual bedrooms were clean and people who used the service were able to make them more personalised, with their own furniture or possessions.

There was a large communal area in The Willows that contained a large TV and a board which staff were able to write the date, weather and daily activities. The provider may wish to note this area was very "open" and sparsely furnished. By making this more homely people who use the service may find it a more pleasant area to utilise.

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 dentists and other services at least once every two years. 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 but we always inspect at least one standard from each of the five key areas every year. We may check fewer key areas in the case of dentists and some other services.

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. We make a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation) from the breach. 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.

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