Inspection Report

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: 13 March 2014

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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	✖ Action needed
Staffing	✓ Met this standard
Records	✓ Met this standard

Details about this location

Registered Provider	TRU (Transitional Rehabilitation Unit) Ltd
Registered Manager	Mrs. Ann Marie Unsworth
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'.

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
- Staffing
- Records

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 13 March 2014, 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

When we inspected the service in September 2013 we found the provider [owner] was not providing sufficient numbers of suitably qualified and experienced staff to meet the needs of people living at the service. We found a high number of agency nursing staff were being used. We also found a number of different records were inaccurate and unclear.

At this inspection we found improvements had been made. We looked at a sample of staff rotas, to check if the correct number of nursing staff were working on each shift and if agency staff were still being used. We found the staffing provided was sufficient to meet the needs of the people living at the service. There were two qualified nurses working each shift. Agency staff had not been used on the rotas we looked at.

We looked at the care records and found they contained all of the relevant documents to support a person safely. We found the provider [owner] had accurate and up to date records which related to the running of the service.

We looked at the care records for three people who lived on Newton Unit and three for people who lived on Lowton Unit. We saw that some people were not receiving rehabilitative treatment or therapy as stated in their care plans.

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

What we have told the provider to do

We have asked the provider to send us a report by 11 April 2014, setting out the action

they will take to meet the standards. We will check to make sure that this action is taken.

Where providers are not meeting essential standards, we have a range of enforcement powers we can use to protect the health, safety and welfare of people who use this service (and others, where appropriate). When we propose to take enforcement action, our decision is open to challenge by the provider through a variety of internal and external appeal processes. We will publish a further report on any action we take.

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 ✖ Action needed

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

Our judgement

The provider was not meeting this standard.

Care and treatment was planned and but not delivered in a way that was intended to ensure people's safety and welfare. People who lived in the service did not receive the rehabilitative services as stated in their care plan.

We have judged that this has a minor impact on people who use the service, and have told the provider to take action. Please see the 'Action' section within this report.

Reasons for our judgement

We saw from individual care records that before a person was admitted to the service a pre-admission assessment was completed. This was to make sure the person's needs were met.

During our visit we looked at six care records. Each contained individual care plans, risk assessments and behavioural management plans. We were unable to find evidence as to how the needs identified in the care plans were translated into therapeutic work.

We found risk management plans had been completed where risks had been identified for a person through risk assessments. Examples of these were for community access, personal safety and moving and handling. This was to ensure people were supported safely in the unit and community and the safety of others.

The information in the records was current as we saw evidence it had been reviewed each month to ensure it was accurate and reflected people's needs.

We saw multi-disciplinary meetings were held each week to discuss people's welfare and treatment. We were informed the consultant psychiatrist visited individuals after each ward round to discuss the outcome of these meetings.

We were told by the Registered Manager that physiotherapists, psychologists and occupational therapists came regularly on to the unit. One member of staff told us that this did not happen. This was supported by one person who lived on the unit. Another member of staff told us that these professionals do come on to the ward but could not recall exactly when. We did not see any evidence in the six care records we looked at that there was

any ongoing involvement from these health professionals. This meant that people's health and wellbeing was not being monitored by the staff and that people were not receiving professional help when required. The Registered Manager told us they would ensure these visits were recorded on peoples care records with immediate effect.

We did not see any evidence of individual rehabilitation plans being implemented. Plans were recorded in people's care plans but we found no evidence in their daily planners that rehabilitative activities or exercises were completed. One person who lived on the unit told us they had seen a speech and language therapist 12 months ago and had been given some DVDs. Staff told us they knew all the exercises but there had been no further input. We did not find any evidence this therapy programme had been reviewed. Another person told us a psychology appointment was cancelled. They reported to us that they were given no prior notice of the cancellation. They explained it was because of a training course but wanted to know why another appointment was not offered and why no prior notice was given.

The social and recreational needs of people who were living at the home were taken into consideration. We heard from people who lived in the home and staff that there was a variety of recreational activities they could attend, depending on their needs and abilities and subject to agreement in their care plan (for those who were detained under the Mental Health Act). The Registered Manger told us the service had access to a number of different vehicles to assist people to access the community. They told us of a trip the previous day where a number of people who used the service went to a café for lunch. Each unit had a lounge area with a TV.

We visited the Newton Unit. We saw the facilities for meeting visitors was also the staff locker room. The Registered Manager told us other rooms on the site had been made available for people who used the service to meet their visitors, such as the empty Willows unit and adjoining bungalow or a meeting room in the administration block.

One person who lived on the unit told us they were concerned that there were inadequate hand rails for then to use on the stairs. They told us he had two falls since arriving at the unit and now needed surgery on their leg. They told us they had exercises to complete prescribed by a physiotherapist. They told us they had not been supported by the staff to do the exercises.

We noticed that people who lived on the Newton Unit had the times they had access to their mobile phones was restricted. These fixed times were documented in the individuals' care plan. We were informed this was to avoid any distractions for people from the treatment sessions. We found these times did not appear to be person centred and allow for any changes to enable people to keep in contact with their family members who they could not telephone at the available times. We informed the Registered Manager of this; they told us this was possible. However, this was not recorded in the individual's care plan to enable staff to support people to do this.

There was a close circuit television (CCTV) in operation at the Newton Unit. This recorded both outside the immediate area and in the communal area of the unit. At the time of our visit we saw the internal camera was displaying the pictures on the TV monitor. We informed the Registered Manager of this at the time of our visit. They informed us this was not normal practice and this was immediately switched off. The CCTV was used to review any incidents where restraint was used to ensure safe practice was used, or the restraint would be reviewed if any issues arose from incidents.

Staffing ✓ Met this standard

There should be enough members of staff to keep people safe and meet their health and welfare needs

Our judgement

The provider was meeting this standard.

There were enough qualified, skilled and experienced staff to meet people's needs.

Reasons for our judgement

When we inspected the service in September 2013 we found the provider [owner] was not providing sufficient numbers of suitably qualified and experienced staff to meet the needs of people living at the service. We found a high number of agency nursing staff were being used.

At this inspection we reviewed staff rotas and spoke with the Registered Manager about how Lowton and Newton units were staffed. We also spoke with staff on duty on the day of our inspection.

On the day of our inspection the Lowton unit had six people living there and Newton unit had five people living there. We were informed by the Registered Manager that each unit now had a nurse working on it, with nine non-nursing staff, called 'coaches', who worked across both units on the site. We saw from the rotas that there were nine nurses employed. The Registered Manger informed us one more nurse would be joining the team in April; this was their only vacancy. There were 30 'coaches', which included supervisors.

The rotas we looked at showed staff were working with particular individuals that day. People who required individual staffing received this as needed.

On the day of our inspection we saw staff were available to support people to access the community.

Records ✓ Met this standard

People's personal records, including medical records, should be accurate and kept safe and confidential

Our judgement

The provider was meeting this standard.

People were protected from the risks of unsafe or inappropriate care and treatment.

Reasons for our judgement

When we inspected the service in September 2013 we found a number of different records were inaccurate and unclear.

At this inspection we reviewed a number of records and spoke with the Registered Manager. On this inspection we found evidence care records were personalised and accurate. We were informed by the Registered Manager that a new format for care plans had been introduced. We found these new plans had been completed in the records we looked at.

The Mental Health Act Commissioner looked at the Mental Health Act paperwork and confirmed paperwork was in place and legal files were well ordered. We found records for those people detained under the Mental Health Act were clear and we could identify their status. We witnessed section 17 leave forms being completed each time a person left the unit for a period of time, in accordance with procedures.

We reviewed the incident forms which were completed by staff. We saw that they were audited (checked) by the Registered Manager each week. We saw their comments and actions which evidenced these audits.

We found the provider [owner] had accurate and up to date records related to the running of the service.

The provider may find it useful to know that the completion of a daily planner was not always clear on some of the records we looked at and did not show what people had planned for or had achieved each day. We found no evidence that these records were audited to inform the senior coach or Registered Manager of the lack of input or activities for people. We also found care notes awaiting filing from November 2013. We were unable to determine whose responsibility it was to file these care notes in people's files.

This section is primarily information for the provider

Action we have told the provider to take

Compliance actions

The table below shows the essential standards of quality and safety that **were not being met**. The provider must send CQC a report that says what action they are going to take to meet these essential standards.

Regulated activities	Regulation
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	**Regulation 9 HSCA 2008 (Regulated Activities) Regulations 2010** **Care and welfare of people who use services** **How the regulation was not being met:** Care and treatment was planned and but not delivered in a way that was intended to ensure people's safety and welfare. People who lived in the service did not receive the rehabilitative services as stated in their care plan.

This report is requested under regulation 10(3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The provider's report should be sent to us by 11 April 2014.

CQC should be informed when compliance actions are complete.

We will check to make sure that action has been taken to meet the standards and will report on our judgements.

This section is primarily information for the provider

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

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