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Tordarrach Nursing Home

Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service well-led?

Inadequate ●

Summary of findings

Overall summary

Tordarrach Nursing Home provides nursing care for up to 20 older people, some of whom were living with dementia. There were 11 people using the service at the time of our inspection.

At our previous comprehensive inspection in June 2017 we identified breaches of regulations relating to safe care and treatment, good governance, person-centred care and submitting notifications of significant incidents to CQC. We served the provider with warning notices for the breaches relating to safe care and treatment and good governance and told the provider they must be compliant by July 2017.

We undertook this focused inspection to check that the provider had followed their plan and to confirm that they now met legal requirements in relation to the two warning notices we served. We did not inspect in relation to the two other breaches of regulations we identified at our previous inspection as we will check these at our next inspection. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Tordarrach Nursing Home on our website at www.cqc.org.uk

This inspection took place on 10 October 2017 and was unannounced.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

At this inspection we found the provider had taken sufficient action to become compliant with the warning notice relating to safe care and treatment. The provider had assessed risks relating to the safe care and treatment of people and of the premises and taken action to reduce risks. For example, the provider had contracted an external professional to assess risks relating to water safety and had taken action to reduce the risks of people becoming ill due to water-borne infections. The provider had taken action to reduce risks relating to fire safety, bed rails, falls from windows and burns and scalds.

At this inspection we also found the provider was now compliant with the regulation relating to good governance. The provider had implemented systems to check risks were being identified and managed, which included reviewing risk assessments and the safety of the premises. In addition the provider had introduced systems to review accidents and incidents and complaints to identify patterns and trends. The provider was reviewing care plans and risk assessments for all people using the service and transferring them into a new format to ensure information about people was accurate and clearly recorded.

However, we found the provider had not yet introduced systems to monitor the quality of interactions between staff and people using the service. The registered manager told us they would begin their formal observations of staff as soon as possible. The provider had begun to develop a matrix to track staff training needs, and they sent the completed version to us after the inspection.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement ●

The service had made improvements in this area.

The provider had assessed risks relating to people's care and the safety of the premises and put suitable risk management plans in place to reduce the risks.

We have not changed the service's rating from 'requires improvement' as we need to see consistent improvements over time.

Is the service well-led?

Inadequate ●

The service had made improvements in this area.

The provider had updated systems to assess, monitor and improve the service.

We have not changed the service's rating from 'Inadequate' as we need to see consistent improvements over time.

Tordarrach Nursing Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This unannounced focused inspection was undertaken by an inspector on 10 October 2017. This inspection was arranged to check that improvements to meet legal requirements planned by the provider after our comprehensive inspection in June 2017 had been made. We inspected the service against two of the five questions we ask about services: Is it safe? Is it well-led?

Prior to our visit we reviewed the information we held about the service. This included previous inspection reports and notifications that the provider sent to CQC. Notifications are information about important events which the service is required to tell us about by law. We also received feedback from representatives at the local authority and clinical commissioning group (CCG).

During the inspection we spoke with three people using the service, the registered manager and the nurse in charge. We looked at records about people's care, including care plans and risk assessments for two people who used the service. We looked at how risks relating to health and safety were managed, records relating to staff training, supervision and other records relating to the management of the service.

Is the service safe?

Our findings

At our last inspection in June 2017 we found a breach in relation to safe care and treatment. The provider was not always managing risks relating to people's care and welfare and the health and safety of the premises. These included risks relating to: falling from windows, people becoming unwell from poor water safety; being injured due to unsafe bedrail usage, being burnt by an unsuitable portable heater, being scalded by unsafe hot water temperatures, coming to harm by leaving the service without staff being aware and some fire safety related risks.

In addition the provider had not assessed the risks relating to medicines management for a person who often refused to take medicines staff administered. The provider also did not have sufficient guidance in place for staff to follow in administering pain relief to a person who struggled to communicate their needs.

We served a warning notice to the provider and told them they must be compliant with the regulation by July 2017. The provider sent us an action plan setting out the action they were taking to meet the breach.

At this inspection we found the provider had followed their action plan and were now compliant with the regulation relating to safe care and treatment. This meant people were better protected from known risks. The provider had installed suitable window restrictors across the service to reduce the risk of people falling from windows. The provider had contracted a specialist to assess the risk of Legionella bacteria accumulating in the water system. The assessment recommended a range of remedial actions to reduce the risks which the provider was following. We identified the provider had reviewed risk assessments for all people who had bed rails in place and regularly checked bed rails remained safe. The provider removed the unsuitable portable heater from the premises and staff confirmed this was no longer in use. They had also installed fire-safe door stops to enable doors to be left open safely. We found staff carried out monthly checks of hot water outlets to water temperatures remained safe. The provider checked the alarms on fire doors daily to ensure staff would be alerted if a person left the premises without staff support.

The provider had carried out an assessment relating to medicines management for a person who was at risk due to non-compliance. The nurse in charge told us they no longer experienced issues with the person refusing medicines as they now knew the person better and how to encourage them to take their medicines. The provider had introduced a protocol to guide staff in when to administer paracetamol to a person when they were experiencing pain. However, the provider had not put guidance in place to guide staff on when to administer a stronger medicine for pain relief to the person. The nurse in charge was able to describe to us the signs which would indicate the person was in pain which showed they understood when the person required the medicines. However, as this information was not recorded, there may be inconsistency as to when staff determined the person required strong pain relief. When we raised our concerns with the registered manager they told us they would introduce a second protocol for the person to guide staff on administering the stronger pain relief to the person. The registered manager sent us the new protocol after the inspection and confirmed they had made staff aware of this new guidance.

Is the service well-led?

Our findings

At our last comprehensive inspection in June 2017 we rated the services 'Inadequate' in the key question 'Is the service well-led' and we identified a breach of legal requirements relating to the governance of the service. This was because the quality assurance processes in place had not identified the breaches of regulation and other concerns we identified during our inspection. In addition we were unable to evidence how the provider assessed the quality of interactions between staff and people, as well as the quality of the activities programme in place and whether this met people's needs. Systems were not in place to review other key data such as accidents and incidents and complaints to identify any trends and patterns so plans could be put in place to help prevent similar incidents from happening again. In addition the provider did not have systems to monitor staff training and supervision to check staff received the right support. Lastly, we were concerned some people's care plans and risk assessments were illegible because they were handwritten in poor handwriting, which meant there was a risk information about how to care for people was not available to staff. We served the provider a warning notice and told them they must be compliant with the regulation by July 2017.

This service has a history of a lack of consistency in the way the service is managed and led. In April 2016 we rated the provider 'requires improvement' in the key question 'Is the service well-led?' This was because the providers' governance arrangements to regularly assess and monitor the quality of the service had not identified shortfalls we found during our inspection in relation to staff criminal records checks and a lack of certain safety checks on the premises. At our focused inspection in October 2016 to check on action taken in respect of breaches found in the April 2016 inspection we found the provider had taken sufficient action to improve their governance of the service. However, we did not change the rating for 'well-led' from 'requires improvement' because we needed to see consistent improvements over time.

After our inspection the provider sent us an action plan showing how they would become compliant.

At this inspection we found the provider was compliant with the legal requirement relating to good governance. The provider had followed their action plan and improved their oversight of the service. The provider had implemented systems to check the service in relation to the legal requirements relating to safe care and treatment, such as reviewing risk assessments and the safety of the premises. In addition the provider had introduced systems to review accidents and incidents and complaints to identify patterns and trends. The provider was reviewing care plans and risk assessments for all people using the service and transferring them into a new format. The registered manager told us they were doing this based on feedback from CQC and other external professionals who were concerned about records being disorganised and difficult to locate. The registered manager told us all people's care plans would be transferred to the new format within the next two weeks.

However, we found the provider had not yet introduced systems to monitor the quality of interactions between staff and people using the service. The registered manager told us they would begin their formal observations of staff as soon as possible. The provider told us the staff training matrix was not up to date during our inspection. However, the provider sent us the completed version to us after the inspection and

we saw the provider had systems to ensure staff training remained up to date.