

Mrs Ayodele Obaro & Dr Reuben Obaro

Tordarrach Nursing Home

Inspection report

11 Hall Road
Wallington
Surrey
SM6 0RT

Tel: 02086691494

Website: www.rashotcarehomes.co.uk

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service effective?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

We carried out an unannounced comprehensive inspection of this service on 26 April 2016 and we found three breaches of regulations. We also rated the service as 'requires improvement'. This was because the provider was not meeting the codes of practice of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). This Act helps to protect people who are unable to make decisions for themselves. This meant people could have been restricted of their liberty illegally.

Additionally the provider did not monitor key aspects of the service. They had not ensured staff completed certain training relevant to their roles. This could put people at risk of receiving inappropriate or unsafe care.

The provider had also not taken adequate measures when a member of staff had not provided a renewed police check. This meant the provider did not suitable arrangements to assure themselves of the continued suitability of staff employed at the service.

After the comprehensive inspection, the provider wrote to us to say what they would do to meet legal requirements in relation to the breaches of regulations described above.

We undertook a focused inspection on the 12 September 2016 to check they had followed their action plan and to confirm they now met legal requirements. This inspection was unannounced.

This report only covers our findings in relation to these requirements. 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

Tordarrach Nursing Home is registered to provide accommodation for up to 20 older people who require nursing and personal care.. At the previous inspection we asked the provider to apply to the CQC to register for nursing care because they were not registered to provide this activity. The provider had done this and so they were operating within the legal framework. At the time of our inspection, the home was accommodating 13 older people many of whom were living with dementia.

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

During our focused inspection we found the provider had followed their action plan. Significant training had been undertaken by staff via the local authority, external trainers or e-learning. There was a greater awareness among staff of MCA and DoLS within the home and they had all received refresher training.

The provider had improved governance systems to monitor the care provided to people. There were

mechanisms in place to ensure criminal record checks were renewed every three years. The provider completed premises safety checks and now employed an external company to complete future checks in a timely manner.

Whilst the provider had taken sufficient action to meet the legal requirements that were being breached at the last inspection, we have not improved our rating for the service. We need to see consistent improvements over time before we are able to change the rating of this service from 'requires improvement'.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service effective?

The provider has made improvements in this area.

Staff had completed significant training and/or refresher courses, so they had a greater understanding about providing care in line with best practice. There was an improved awareness about the MCA and DoLS, so staff knew that people could only be deprived of their liberty when it is in their best interests and after an authorisation has been received from the local authority.

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

Requires Improvement ●

Is the service well-led?

The provider has made improvements in this area.

New quality assurance systems had been introduced to improve the recruitment process and on-going monitoring of staff's suitability to work at the home.

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

Requires Improvement ●

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 checked 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 the 12 September 2016. This inspection was arranged to check that improvements to meet legal requirements planned by the provider after our comprehensive inspection in April 2016 had been made. We inspected the service against two of the five questions we ask about services: Is it effective? Is it well led?

Before our inspection we reviewed the information we held about the service, this included the provider's action plan, which set out the action they would take to meet legal requirements.

During our inspection we visited the home and looked at various records relating to the management of the service and staff training records. We also spoke with the registered manager and a member of staff.

Is the service effective?

Our findings

At our last inspection of the service on 26 April 2016 we found people were at risk of receiving care from staff who were not appropriately trained or aware of best practice. This is because staff did not receive all the training they needed to ensure they were appropriately prepared to fulfil their roles and responsibilities. The provider sent us an action and told us they would make the necessary improvements by September 2016.

At this inspection we saw records that showed staff had attended training courses provided by the local authority. This included training which focused on moving and handling, end of life care and dementia awareness. In addition, staff confirmed external trainers had provided courses in key aspects of care. For example, we saw fire safety training was completed on the 26 May, as well as first aid and equality and diversity training.

We looked at the training records for two members of staff in detail and saw from certificates they had completed training since our last inspection. We did note however, training once completed was not always recorded centrally. This meant the provider could not easily identify when training had been completed and when it needed to be refreshed. We discussed this with the registered manager who told us they had focused on getting the training completed but they now needed to ensure they recorded the information appropriately.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). At our previous inspection we found the provider was not working within the principles of the MCA as staff were unaware they must not prevent people from leaving the home unless there was an authorisation under DoLS in place.

At this inspection we saw three people had a DoLS authorisation in place. Staff had all been retrained regarding aspects of MCA and DoLS. The provider had also raised awareness by putting posters up to remind staff about the principles of mental capacity. The registered manager had knowledge of the process and action they needed to take in order to comply with the MCA.

Is the service well-led?

Our findings

At our inspection in April we found the provider did not have adequate governance arrangements in place. Namely the recruitment processes were not robust enough to identify that a member of staff had not provided a criminal records check when this was due after three years and the provider had failed to take action to assure themselves of the continued suitability of the member of staff. Additionally, some premises' safety checks were out of date, although at the time of the inspection they were being completed retrospectively. The provider sent us an action plan and told us they would make the necessary improvements by September 2016.

At this inspection the member of staff had provided a copy of the relevant documentation so the provider could now ensure their suitability to continue working at the home. We saw the providers' policy on criminal record checks was being followed more stringently. The provider had a policy that checks should be completed every three years, and in line with this, there was a computer spreadsheet which flagged up when checks were due to expire so applications for renewal could be made in a timely manner.

With regard to premises safety checks we saw there were valid gas, electrical and Legionella certificates, as well as an employer's liability insurance certificate. The provider had recruited an external company to take responsibility for all premises' checks and to ensure they were completed. The action taken by the provider should help to ensure people were protected from possible risks associated with living in the home.