

## **Appendix 2 – summary of issues and action for care home provision in Southwark**

### **Learning disability homes**

1a Alma Grove - Failed standard "Assessing and monitoring the quality of service provision" .  
(The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care).

Update:

- Action for the provider: To establish an internal quality audit system for the service to be carried out by a different service manager that will be able to report on the quality of care delivered at the service.

100 Grosvenor Terrace - Failed standard "Safety and suitability of premises". People should be cared for in a safe and accessible surroundings that support their health and welfare.

Update:

- Southwark Planning department have sent a surveyor to look at the premises and draw up a plan of work needed at the home. This property is part of the refurbishment programme of the Brandon Trust properties and Southwark council will address the CQC concerns within 3 to 4 weeks.

### **Mental health homes**

Southampton Way – failed standards of caring for people safely and protecting them from harm. This particularly related to the management and administration of medication.

Update:

- Two care coordinators visit at least 4 times a week and have an excellent working relationship with the registered manager and staff and have no concerns about the management of and care provided in the home.
- Medication has been discussed with the home and all medication prescribed by our team and dispensed by the Maudsley Pharmacy is now in blister packs to reduce further the risk errors (previously it was dispensed in a box and clients were supported to fill their dossett boxes). The CQC were concerned that this did not provide safeguards against possible errors.
- All medication is now prescribed by the GP and is dispensed in blister packs by a local pharmacy. This should minimise the risk of errors likely to occur in the previous system of filling in dossett boxes.

### **Older people's homes**

Rose Court - failed standards of providing care, treatment and support which meets people's needs, caring for people safely and protecting them from harm, standards of quality and suitability of management.

Update:

- new interim manager appointed
- July 2013 - embargo formally placed and discussed with Fiona Crispin-Jennings (District Manager) in detail. Agreed two meetings to discuss and review progress (10 July and 25 July)
- July 2013 - council met with management and thoroughly reviewed their action plan to address the issues noted by ourselves and CQC. Progress at this stage had moved significantly from the previous quality assurance visit, with revised systems and processes, much more streamlined client folders, and stronger management oversight of key areas like supervision. Agreed follow up visit to evidence changes.
- July 2013 - quality assurance completed full review. Progress highly satisfactory, HR audit tool was compliant. Embargo lifted and referrals resumed.

Waterside - failed standard quality and suitability of management - note that home had new manager appointed.

Update:

- Other issues picked up through our own monitoring included medication, care plans, training / supervision.
- April 2013 - Improvement notice issued April 2013 and agreed temporary cessation for referrals while issues addressed.
- May 2013 - council completed quality assurance visit - all areas significantly improved and referrals resumed.

Tower Bridge - failed standard staffing, quality and suitability of management

Update:

- senior management team closely monitoring activity at Tower Bridge, including maintaining oversight of all safeguarding etc. Noted unusual increase in amount of safeguarding alerts.
- August - met with senior managers at HC1 to discuss safeguarding referrals received and agreed to cease referrals while issues addressed. HC1 provided details of changes being made to address concerns.
- September - quality assurance visit undertaken and noted a number of improvements implemented and progress had been made. Agreed admissions could resume with careful monitoring.
- Admissions being monitored - no problems to date

Burgess Park - failed standard of providing care, treatment and support which meets people's needs, staffing.

Update:

- new manager appointed in June 2013
- staffing and care issues in CQC report related (new staff not yet trained, or new staff not yet started) - staff have now started so numbers are improved
- quality assurance visit undertaken - medication, new staff training, handover and communications processes improved, improved menu planning and choice. Areas for improvement are care plan documentation and ensuring activities are person-centred.