

DECISION-MAKER:	HEALTH OVERVIEW AND SCRUTINY PANEL
SUBJECT:	WOODSIDE LODGE RESIDENTIAL HOME
DATE OF DECISION:	29 TH MARCH 2012
REPORT OF:	CABINET MEMBER FOR ADULT SOCIAL CARE AND HEALTH
STATEMENT OF CONFIDENTIALITY	
None	

BRIEF SUMMARY

This paper provides an update on the implementation of actions following an inspection by the Care Quality Commission of Woodside Lodge residential home.

RECOMMENDATIONS:

- (i) That the Committee notes the information within the report and considers any further questions.

REASONS FOR REPORT RECOMMENDATIONS

1. To respond to a request from the Health Overview and Scrutiny Panel.

ALTERNATIVE OPTIONS CONSIDERED AND REJECTED

2. There are no alternative options as compliance with the Care Quality Commission's regulations is compulsory.

DETAIL (Including consultation carried out)

3. In October 2011, the Care Quality Commission (CQC) carried out a routine inspection of Woodside Lodge Residential Home ('Woodside') and followed this, in November, with a report that identified a number of compliance concerns specifically in relation to outcomes relating to Outcome 1 – Respecting and involving people who use services; Outcome 4 – the care and welfare of people who use services; Outcome 13 – Staffing and Outcome 16 – Assessing and monitoring the quality of service provision. As a result of this report CQC asked that a compliance action plan be submitted within 14 days of receipt of the report. It must be stressed that CQC did not express any concerns about the safety of the service and did not consider that any immediate enforcement action was necessary.
4. At the time of the inspection the home had up to eight people who required care which would normally be provided by a nursing home rather than a residential home. Woodside is not registered to provide nursing home care but, with the shortage of nursing home placements in the City for people with dementia and because of the genuinely caring approach of the team at Woodside, they had agreed to continue to provide care which was actually beyond their remit and their registration.
5. This issues identified during the inspection were taken very seriously by all concerned in the service. Following the inspection but prior to receipt of the report, the service manager and home manager immediately identified actions to rectify the issues that had been verbally identified during the inspection visit. This included arranging for two extra staff to be on duty during both morning and afternoon shifts, reviewing all care plans, undertaking more

thorough hand over sessions and requesting care management assessments of all those people who might need nursing home care.

6. Within the required fourteen days following the receipt of the inspection report a very comprehensive action plan was identified which, amongst other more routine items, contains the following key actions:
 - Review all menus and display, note and update food and fluid charts
 - Review and undertaken any additional training in dementia care
 - Regularly reiterate the dignity and choice statement and to make sure this is included in inductions of new staff and with all agency staff.
 - Auditing all care plans to make sure they are person centred and they address individual life choices as far as possible. This will also reflect the findings of a questionnaire which was sent to all relatives and carers to identify any knowledge that some of the residents with extreme dementia might not be able to say themselves.
 - The manager would monitor staff interaction on a regular and frequent basis.
 - Undertake refresher training in risk assessment, recording practice and nursing home assessment process
 - Activate plans to move on all residents who had needs beyond that for which the home is registered.
 - Ensure continuity of staff from agencies if full staffing is not available and ensure their induction and hand over includes reference to the code of conduct expected of them.
 - Produce, circulate and analyse the results from feedback questionnaires to carers, family and professionals.
7. All of these actions are complete or in hand and many are ongoing in order to ensure that good practice is maintained.
8. During the week of the 27th February 2012, CQC returned to monitor the compliance with the action plan. This visit was, as is usual, unannounced. The report following this unannounced follow up visit was received on the 15th March and the report identifies that CQC has now judged Woodside to be compliant with Outcomes 1, 13 and 16 and one just one minor concern about Outcome 4 which will be immediately addressed. The concern expressed was that, although all care plans addressed the majority of needs of all people using the service, they do not always evidence that staff have addressed actions to meet all needs.
9. Woodside does not have a full complement of residents as it has been deemed appropriate to hold some void beds whilst the action plan is completed. CQC have identified that the staffing is sufficient to meet the needs of the reduced number of residents but have identified that the Council will need to ensure this continues to be so once the home is full.

RESOURCE IMPLICATIONS

Capital/Revenue/Property/Other

10. There are currently no resource implications. However, Woodside is currently over spending its staffing budget. Care will be required to ensure this does not continue to occur especially as occupancy increases.

LEGAL IMPLICATIONS

Statutory power to undertake proposals in the report:

11. Residential homes are provided under part 3 of the National Assistance Act.

Other Legal Implications:

12. None

POLICY IMPLICATIONS

13. The provision of high quality care to people with dementia in the community is in accordance with the Council's stated aims of meeting the needs of older people and promoting independence.

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KEY DECISION? No

WARDS/COMMUNITIES AFFECTED:	Potentially all.
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SUPPORTING DOCUMENTATION

Non-confidential appendices are in the Members' Rooms and can be accessed on-line

Appendices

1	Action plan for Woodside Lodge 17.2.2012
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Documents In Members' Rooms

None

Integrated Impact Assessment

Do the implications/subject of the report require an Integrated Impact Assessment (IIA) to be carried out?	Yes
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Other Background Documents

Title of Background Paper(s)	Relevant Paragraph of the Access to Information Procedure Rules / Schedule 12A allowing document to be Exempt/Confidential (if applicable)
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1.	Report to 17 November 2011 meeting of the Overview and Scrutiny Management Committee: http://www.southampton.gov.uk/modernGov/mgConvert2PDF.aspx?ID=7017
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