healthwatch Southwark

Enter and View Report: Tower Bridge Care Centre

23 and 25 November 2018

What is Healthwatch Southwark?

Healthwatch Southwark (HWS, www.healthwatchsouthwark.co.uk) exists to ensure local people have a voice in shaping health and social care services, so that they work as well as possible for everyone. We are a 'critical friend' to those who provide and fund care.

We are based within an independent charity, Community Southwark. We are part of a network of local Healthwatch organisations across the country, supported by a national body, Healthwatch England.

What is Enter and View?

Within the Healthwatch regulations, the Government has imposed a duty on certain health and social care services to allow 'Authorised Healthwatch Representatives' to enter premises, to observe the nature and quality of services.

Enter and View is an opportunity for Healthwatch representatives to see and hear for themselves how services are provided. We can listen to the views of service users at the point when they receive care, and also talk to carers, friends, relatives and staff.

We publish our evidence-based findings and recommendations in reports, and share them with providers, commissioners, Healthwatch England, and the Care Quality Commission (CQC). We then make our reports public, together with any responses we have received from the service providers concerned.

We are not inspectors like the CQC. We look at services from the point of view of people receiving care, and members of the public. We aim to share recommendations that will help services to fulfil their goals in caring for people. We share good practice examples as well as suggestions for improvement.

About Tower Bridge Care Centre

The Tower Bridge Care Centre is a registered residential nursing home. It is owned and managed by HC-One Limited (the largest provider of care homes in Great Britain, with some 350 homes).

The facility is the only nursing home available to publicly-funded Southwark residents within the borough. Southwark Council and neighbouring local authorities make placements to the home on an 'individual placement contract' basis. Clinical Commissioning Groups (CCGs) also purchase beds at the home through the NHS's Any Qualified Provider framework. At the time of our visits, 117 residents lived at the home.

Overview of the facility at the time of our visits:

Area	Number of residents	Number of staff	Services provided
Ground floor 1	16	1 x Nurse Assistant (NA) 3 x Health Care Assistant (HCA)	General nursing – elderly mentally infirm (EMI)
Ground floor 2	10	1 x NA 2 x HCA	EMI residential
First floor	31	2 x Nurses 6x HCA	General nursing

Second floor	31	2 x Nurses 7 x HCA	Dementia nursing
Third floor	29	2 x Nurses 7 x HCA	Palliative care/general nursing

The Tower Bridge Care Centre is also referred to as 'TBCC' or 'the home' in this document.

Address: Tower Bridge Care Centre, Aberdour Street, SE1 4SG.

Reasons for this Enter and View visit

'Southwark's Nursing Homes' was chosen as one of five priority areas for Healthwatch Southwark's engagement work in early 2017: https://healthwatchsouthwark.co.uk/sites/default/files/hws_report_-_our_priorities_for_2017-18.pdf). We based this on survey responses from local people, a review of our signposting log, information from statutory organisations, and discussions with our Advisory Group.

Nursing homes were felt to be an area where provision was under pressure, with a significant potential impact on some of the most vulnerable people. We had previously visited Burgess Park Care Home in 2016. Since Burgess Park's closure, the Tower Bridge Care Centre is the only public nursing home in the borough open to local residents and is therefore a crucially important facility.

In autumn 2018, we heard from a member of the public about a longstanding rodent infestation at the home, and contamination of residents' belongings with droppings. We decided to visit as soon as possible, to investigate how this was being resolved and whether there might be any broader issues.

We also collaborated with Southwark Council to establish residents' priorities for nursing home care, developing 'I Statements' to guide future commissioning approaches. We were keen to understand positive and less positive practices at the existing home, to inform future commissioning and building of the two new care homes planned for Southwark.

CQC inspections have found varying standards at the home in recent years, and sometimes raised concerns:

- June, 2015 (overall rating: **Inadequate**; in Special Measures for leadership, safety and service effectiveness)
- August, 2015 (overall rating: **Inadequate**; in Special Measures for safety and effectiveness)
- November, 2015 (overall rating: **Requires Improvement**; all areas required improvement)
- June, 2016 (overall rating: **Good**, but service responsiveness required improvement)
- March, 2017 (overall rating: **Good**, but medicine management required improvement)
- August, 2017 (overall rating: **Requires Improvement**, with safety, caring and leadership rated 'Requires Improvement')

The CQC inspected the home again shortly after our visits, on 30 November and 3 December 2018. They published a report on 25 February 2019, just before we sent this report to the provider for comment. The home's overall rating was still **Requires**

Improvement, with safety and leadership rated 'Requires Improvement' and effectiveness, caring and responsiveness 'Good.'

Dates of visits

Friday 23 November 2018 (1:30pm-4:30pm) and Sunday 25 November (11am-2pm)

Authorised Healthwatch Representatives

All of our representatives have received appropriate training and recent Standard Disclosure and Barring Service (DBS) checks.

Catherine Negus - Manager, Healthwatch Southwark
Bron Thomas - Engagement Officer, Healthwatch Southwark
Nathan Lewis - Engagement Officer, Healthwatch Southwark
Rosa Parker – Partnerships Co-ordinator, Healthwatch Southwark
Alice Godmon – Healthwatch Southwark Volunteer
Rozi Premji - Healthwatch Southwark Volunteer (Sunday visit only)

Methodology

We informed HC-One Ltd in advance about our intention to visit. We also met with the nursing home's manager to explain how the visits would be conducted, and to discuss background checks and health and safety matters. We did not specify visit dates, as we did not want staff to make special preparations.

We checked with the Care Quality Commission (CQC) that our visits would not clash with their inspections. However, our first visit did coincide with an Age UK Lay Inspection visit. The CQC then visited the following week.

At the start of the first visit, we introduced ourselves to TBCC's manager.

We used semi-structured interviews to capture resident, staff and visitor experiences of the nursing home (see Appendices). The team mainly worked in pairs, with one team member interviewing and the other taking notes. They did not enter bedrooms except when invited, and in pairs or accompanied by staff or residents' visitors. Most but not all interviews took place in areas where we would not be overheard.

Each team member also completed an observation sheet on each visit (see Appendices).

During the visits we interviewed 8 residents, 5 visitors and a 10 staff members in a range of roles.

In addition to visiting TBCC, we requested feedback from individuals with recent experience of visiting the home via our December 2018 e-bulletin and 300 letters posted to local individuals. We did not receive any responses. We interviewed one family member of a recently deceased TBCC resident via a voluntary organisation, bringing the total number of 'visitors' interviewed to 6.

Reporting

This report was sent to the provider and commissioners for comment on 27 February 2019. We received a response within the timeline specified in regulations on 26 March 2019.

The response process enables the provider and commissioner to give alternative explanations for any issues described, explain measures already in place or where they are already implementing the recommended actions, and explain where they will or will not be taking up further recommendations. We also included a few questions for the management which arose during analysis of our findings.

We do not make changes to our reporting of feedback from residents, visitors and staff but we make factual amendments based on any errors in our knowledge or own observations. In this instance:

- We were not able to spot the home's CQC rating display on visiting the home, and recommended that this be put on display. The home has stated 'The CQC rating is always on display by the receptionist desk where relatives, visitors can view', and therefore we agreed to remove this recommendation.
- We have clarified our wording in Recommendations 23 and 26 to express that we are commenting on what we observed as visitors.
- In some cases the provider challenges the accuracy of statements made by residents or visitors, for example the details in Recommendation 25, and would prefer this to be removed. In order to provide an impartial picture we present both descriptions here for the consideration of the reader. In one case (Recommendation 16) we have clarified that the description reflects what were told.

We appreciate the further detail given on certain topics by the Management in response to this report and to some specific questions (for example on feedback mechanisms and complaints booklets available in bedrooms). While in some cases our very specific recommendations remain, we are glad to hear of certain measures already in place. Whilst we aim to be thorough, we are not able to observe every element of a home on our visits (particularly in residents' private rooms). Sometimes further matters for consideration arise during our analysis process. We will continue to refine our Enter and View procedures so that we can discuss as many relevant topics as possible with staff in full.

Acknowledgements

Healthwatch Southwark sincerely thank the service provider and staff, residents and visitors for making us welcome and for their time and contributions. We also thank the provider and commissioners for their timely response to and engagement with our findings. Finally, we could not undertake Enter and View visits without the support of our volunteers and we are very grateful for their time and skills.

Summary of findings, recommendations and responses

This report relates to observations made and feedback received from residents, staff and visitors during visits to the Tower Bridge Care Centre on the 23 and 25 November 2018, plus one further interview with a relative. Our report does not claim to reflect the experiences of all residents, staff and visitors at all times. Some findings might be isolated views and others might suggest broader trends.

Highlights

- ✓ Residents we spoke to were mainly positive about living at the nursing home. Most visitors were confident in the care provided to their loved ones.
- ✓ Most residents and visitors said that staff were generally helpful and caring, and some individuals were highly praised. Most of the interactions we observed were positive and staff were active around the home.
- ✓ Staff we spoke to seemed engaged and cared about their work and residents.
- ✓ We heard from some visitors that residents could easily access GPs and opticians.
- ✓ Residents were generally clean and presentably dressed.
- ✓ People were mostly positive about the home's facilities, including bedrooms, communal areas, and lifts. We observed the home to be mainly sensitively decorated and in good condition.
- ✓ Hygiene, including cleaning up spills, appeared to be under control, and the home was clean in most areas.
- ✓ In most senses the environment seemed safe, appropriate and comfortable for frail residents and those with dementia.
- ✓ Efforts had been made to provide appropriate points of interest such as historical pictures, an internal garden and a hat stand.
- ✓ Food was generally praised and was served in balanced, adequate portions. Staff were observed helping and reminding residents to eat. Some dining rooms were in use.
- ✓ There were some positive signs that residents were encouraged to hydrate.
- ✓ We were told of some positive activities for residents, including outings assisted by volunteers for some people.
- ✓ Staff reported taking part in a broad range of training.
- ✓ Staff generally expressed confidence in current leadership and management and said they felt able to raise any concerns. Some had regular supervision.

Issues needing exploration, and Healthwatch Southwark's recommendations for the provider

Red indicates high priority, amber medium priority, yellow lower priority.

Care provided by staff

	Issue	Recommendations	Response from the provider
1	Several visitors mentioned varying quality of staff and of management oversight, combined with issues of low pay and stretched staffing, and a resident said they would like to chat more. We received mixed responses from staff about staffing levels and the time they have available to spend with residents. Issues with pay and varying levels of vocation, resulting in higher turnover at some levels, were reflected by some staff. While staff tried to help residents to eat, there was clearly some pressure on staff at mealtimes and not everyone received prompt assistance. Some other issues, such as challenging behaviour which may impact on other residents, injuries at night time, and hair care, suggested pressure on staffing.	We recognise challenges around staffing across the care sector. When reviewing staffing levels, management should consider issues such as the time available to talk with residents, ability to take frail residents out, more difficult personal care activities, management of challenging behaviour which may impact on other residents, and times of peak activity such as mealtimes. Managers should review whether any further measures are possible to reduce the need for staff to move between floors to unfamiliar residents. The home's use of volunteers to take more able residents out is positive and should be expanded if possible, perhaps for pressured areas such as conversation and mealtimes.	*As a care provider whose client group is funded in the majority from local authorities, the challenges of pay for staff remain aligned to this.* *The staffing grid for the Home is reviewed on a monthly basis through our dependency analysis. Where Residents' dependency has increased a review is requested from the funding commissioner. The deployment of colleagues to ensure that the needs of the Residents are met is reviewed on a daily basis. Community managers take responsibility of allocating and deploying staff to support Residents' needs throughout each shift. We take into consideration the consistency of staff on each floor and reduce transfer as much as possible.* *We will review our volunteering programme to include the recruitment of more volunteers to assist with activities and talk with Residents.* *There is a hairdresser that supports Residents who wish to have their hair done as frequently as they wish.*

2	A family raised concerns that manual handling equipment was not used properly. Staff told us that most training, including manual handling, was done online. Several staff mentioned a need for more dementia training.	The home should offer staff refresher training in dementia (including managing behaviour that challenges) and in manual handling. Dementia, manual handling and resuscitation training should be provided in person, not just online.	*Safer People Handling over all stat is currently 90.1%, there are aspects of the training that are completed online but there is also a specific face to face session and competency assessment that must be completed before the staff member works with Residents. Staff have induction and is mentored by a senior colleague. There is an on-going training plan for Safer People Handling.* *Basic Life Support training is currently 83.1%. Basic Life Support is a face to face training that is conducted by the Learning and Development Facilitator. Further training is arranged to ensure that all staff had their training.* *We have a comprehensive four stage memory care training programme, which staff are assigned to help them understand the condition and experience of the person with dementia and how to support and care for them.*
3	Some behaviour that challenges (shouting and verbal abuse directed at another resident), was observed in the second-floor dementia unit. Staff also referred to residents fighting. One family hinted that there was a possibility that injuries to their relative were inflicted by another resident.	Staff should meet to discuss further ways to prevent behaviours in those with dementia from impacting on other residents. A question for the management: What is the policy regarding closing bedroom doors at night?	*Sleeping Care Plan indicates the choice of the Resident when it comes to night time routine. This includes their preference to close their bedroom doors or not. This decision is discussed with individual Resident and capacity in taken into account.*
4	One staff member stated that carers purchased personal care items for residents from their own funds; a visitor said they had bought batteries for their friend's clock.	Managers should discuss with staff, residents and families which basic items people are lacking and why. The home should consider investing in basics, or investigate financial support or charitable options.	*The Home has keyworker system and staff allocated to a group of Residents take responsibility of ensuring that Residents have toiletries of their choice available.*

			Keyworkers inform the admin team when they need toiletries and this is bought from the personal allowance of the Resident. *Where relatives hold personal allowance for the Resident, they are contacted and informed when the toiletry supply is running low.* *The Home also purchase toiletries from its budget to ensure that all Residents with or without personal allowance have an adequate supply of toiletries.*
5	One resident was very unhappy that she was not receiving physiotherapy, despite requesting this.	The home should be regularly reviewing residents' care plans. When doing this, any gaps in external service provision should be highlighted and raised. Residents should be kept updated on the progress of any referrals.	*We recognise the recommendation but must insist that Resident's care plans are regularly reviewed as suggested.* *The Home works with the community physiotherapy team. Resident who needs physiotherapy have a referral done by the GP. The home contacted the GP and request the referral. Residents and relatives are kept up to date with the progress on the waiting list. We respectfully suggest that this recommendation to be unnecessary as the care team are doing all that is required and within their gift regarding accessing physiotherapy for this person.*
6	One family said that their relative's hair was not washed often and we noticed a few residents with tangled hair.	Managers should lead a discussion with staff about the extent of/reasons for any problems with hair care, and consider solutions.	*Residents are offered choices on a daily basis if they want to have a shower or a bath. If the Resident declines, a full body wash in bed is then offered. Hair care is part of the daily routine.* *We review each resident's record to ensure that routine is encouraged and look at alternative strategies if the residents requires further encouragement.*

			We will ensure relatives are kept in the loop about such choices and plans.
7	One resident we met was unable to communicate in English. Staff told us that whilst some people can be paired with carers who speak their language, there are also language barriers between staff/staff and staff/residents.	While recognising the pressures on staffing across the care sector, managers should consider whether further checks on staff ability to communicate with older people in English are needed. However, the existing pairing of carers with speakers of other languages should be continued and potentially expanded via use of volunteers.	*We do have staff working at the home who speak the same language. We continue to try and communicate and help the person feel heard.*

Nutrition and hydration

	Issue	**Recommendations**	**Response from the provider**
8	One resident was very unhappy about the lack of food from her culture. We noted that though appealing, the food was generally traditional British meals. There are residents from a variety of backgrounds.	The home should explore culturally appropriate food options, for example via a discussion with residents or families, or seeking feedback after 'taster days', then diversify menus on a permanent basis.	*Cultural menus are offered twice a week within the home. There are different choices in the menu that are not traditional British menu.* *We have monthly Residents meeting where we discuss food choices as well and the Residents are given the opportunity to tell us what they want on the menu.*
9	Some water dispensers were empty or had no cups. One family told us that hydration varied depending which staff were on duty.	Cups should be provided next to water dispensers, which should be refreshed at least daily.	*We are now ensuring that Water dispensers are replenished daily after breakfast. Cups are provided. The Kitchen staff will ensure this is done. The Community managers monitor this and feedback at the flash meetings.*

Activities and socialising

	Issue	Recommendations	Response from the provider
10	One visitor said that a lack of wheelchairs was a barrier to residents being taken out, and another that their relative's wheelchair had been used by somebody else.	Specialised wheelchairs assigned to residents should be labelled. If other residents have been using these, a needs assessment should be conducted and the right equipment applied for. The home should investigate whether it can make some basic wheelchairs available at reception for residents who would need one to go out.	*Specialised wheelchair allocated to individual Resident is with name tags and only used by the Resident. For example, a specialized wheelchair for a Resident who had a stroke can only use the wheelchair as it was fitted for purpose.* *The home provides transport wheelchair for outdoor activities. There are adequate wheelchairs to allow people to go out and does not pose a barrier for people going into the community.*
11	We noticed only one activity taking place in the home across our two visits, on one floor. The same floor had been decorated by residents. Visitors' and residents' comments on activity levels were variable (some people said they were never able to go out), and some staff also wanted to be able to offer more activities.	If not already doing so, the activities coordinators for the different floors should meet regularly to share ideas and resources. They could also consider further ways to collect residents' suggestions.	*The Home has six Well-being Coordinators that works in different units. A full time coordinator is employed in the Dementia Nursing Community.* *Every community has planned activities for the week. Staff are informed of the planned activity. Well Being Coordinators meet every week to discuss future activities planned.* *We have Volunteers in the Home that help with engagement as well.* *Residents are offered to join activities, however, majority of the time from the general nursing community, they decline. This is recorded in their activities care plan review.* *HC-One has introduced Harmony, a self-directed activity. We provide books, game cards and other meaningful items all around the unit so that Resident especially living with dementia can access and do something about it.*

			We already gather Resident's views through our remembering together booklets, which the Healthwatch visitor could see if they asked.
12	Some residents enjoyed reading, but at least one relied on a visitor for books. There were some books in communal areas but the choice was limited. We did not see any magazines or newspapers.	The home should ask for Southwark's Home Library Service to visit regularly. Provision of newspapers and magazines in the common areas could also be trialed.	*A number of Resident is being visited by Southwark's Home Library Service already and is provided with books.* *We also buy newspaper for Residents who wished to have newspaper on a daily basis.*
13	Staff said further equipment such as dementia dolls would be appreciated. Some residents in dementia units appeared bored or occasionally showed behaviour that challenges. We observed a couple of dolls and other aids, but they could be more plentiful.	The home should consider purchasing more dementia dolls or other dementia-friendly aids.	*The Home had two trunks of activity aids including empathy dolls. Additional empathy dolls will be purchased by the Home.*

Accommodation, safety and hygiene

	Issue	Recommendations	Response from the provider
14	On both visits, people leaving the building let us in through the main entrance door into the porch area. The sign-in book was unsupervised. On our second visit the receptionist seemed to be expecting the team, but did not verify our identity.	Managers should formalise and display a stringent procedure for gaining entry to the home. Suggestions: - A sign asking visitors not to let in others unless the receptionist is clearly aware of them. - Re-locating the sign-in book to the receptionist's desk; this could include a column for 'name of resident being visited'. - Receptionists asking for ID from visitors whom they do not recognise as	*New receptionist is in place. The signing in book for visitors has been re-located to the receptionist desks.*

		connected to a resident, and informing the relevant floor manager of their arrival.	
15	The service entrance in the laundry at the end of the ground floor dementia unit opened onto a non-secure fenced bin yard area. A staff member was smoking outside, so we were unable to confirm whether this door was normally locked.	Managers should review security at the building's rear service entrance, potentially making the gates impermeable. A question for management: Is there a code as one enters the ground floor residential area from the laundry rooms?	*The back door is closed at all times, unless a staff member goes to throw rubbish or smoke.* *There's no code to get from the laundry to the residential area but there is a code to go from the residential area to the laundry.*
16	Two families were concerned that residents' personal possessions had gone missing. One resident had requested a bedside locker, but they told us this had not been provided. Most bedroom doors were kept open, though staff were at one point seen locking empty rooms when a person with dementia was going about 'collecting' items.	Residents should be offered lockable cabinets/cupboards in their rooms. Staff should discuss the possibility of closing doors when residents are not in their rooms (if this would not prevent them from re-entering their own room at will.)	*Residents have lockable cabinet in their bedroom. Residents choice are documented in care plans.*
17	Healthwatch Southwark had been in discussion with a visitor, the Council and the CQC about rodents at the home (and associated hygiene issues) prior to our visits. During our visits we saw signs of recent mouse activity near a bait point, and a visitor said they had recently seen live mice. We found crumbs in the unoccupied bar area, and saw that bins in the bin yard were	The home should continue to put in place all measures recommended by Rentokil and in the Council's contract monitoring report on the rodent issue (15 October 2018), reviewing these on at least a fortnightly basis. This includes: - The home should install a rodent-proof external cover on the laundry airvent.	*HC-One had commissioned another contractor, Contego, to assess, evaluate and put things in place in response to the mice issue. It was found that Rentokil's solution to the mice issue was not suitable.* *The mice issue has now been resolved. Contego continues to visit the home once a month for monitoring.*

	overflowing and a laundry vent was uncovered (issues raised in Rentokil's report of 6 September 2018).	- The home should put into use more of its contaminated waste bins, and/or arrange more frequent waste collections. Staff should be reminded again to use less full bins for other types of waste, with the presence of rats very close by highlighted. Healthwatch Southwark may request a meeting with the management and contract monitoring officers to seek assurance on progress and hygiene.	
18	We noticed some occasional hazards, less dementia-friendly elements, and items in disrepair.	The home should carry out the following repairs and alterations: - Repair fire and smoke alarms on the second floor which are lacking covers or hanging off the wall. - Repair cupboards with loose hanging doors. - Introduce 'Toilet this way' signage from common areas. - Consider ways to make light switches more visible, e.g. with a coloured border. - Consider whether ground floor grab rails can be made more contrasting. - Checking that all alarm pull cords are easily accessible.	*HC-One has a design manual for its Homes this includes dementia friendly signs. As the Home had recently been refurbished the signs were taken down and waiting for replacement with a new brand logo.* *Repairs that needed to be completed has been completed such as the smoke alarm on the second floor and cupboards with loose hanging doors has been repaired by the maintenance operative.* *Risk assessments are in place for Residents who are not able to activate call bells due either medical conditions or advanced dementia.*
19	We noticed that in some areas the sound of many radios was jarring, and some residents seemed to dislike this. However, one family said they thought staff prevented	Staff should discuss ways to reduce clashing radio noise around the building.	*Some Residents who prefers to spend time in their bedroom having a hearing impairment and turn the music or television to a higher volume.* *Radios are played in the dining rooms at mealtimes, to enhance mealtime experience.*

	their relative from listening to CDs.		*We will nonetheless review to ensure a better, calmer experience for all.*
20	In the absence of an ashtray, cigarette butts were scattered near the outside smoking area and the seat was covered in bird droppings.	The home should provide an ashtray at the outside smoking area, and arrange for the bench to be cleaned.	*The Home provided ash trays in the smoking area. The Residents although with ash tray, flicks the cigarette butt to the ground. The smoking area is cleaned daily, first thing every morning.* *A relative with the Resident who smokes feeds the bird that has caused bird droppings. This has been addressed with the relative. The seat cover has been removed as well.*
21	One visitor was not pleased with the way a resident's bathroom 'is used as a storage room.' Given the concerns about hair care, we wondered if this inhibited personal care activities.	Unit managers should check that en-suites are not being used for storage.	*Anything stored in the Resident's en-suite toilet belongs to the Resident, i.e., specialist chair. Any items that should not be stored in residents en-suite have been removed.*
22	The main entrance to the home, on a side road, was not signed from the main road/roundabout.	The home should introduce signage *to the main entrance* from different points along the building facing the roundabout.	*There are four signs to the Home. One facing the roundabout, another as you enter the street going to the car park, a sign by the barrier and another to the side of the building.*

Communication between staff and residents/visitors

	Issue	**Recommendations**	**Response from the provider**
23	We did not see any visible signage identifying staff or managers in charge to residents and visitors.	The home should display the names and photographs of staff, or at least managers (home, unit and day charge) at reception and on each floor.	*The Manager's profile is in displayed in the reception.* *We will put up more information about the staff team also.*

24	Some staff and volunteers were not wearing name badges or uniform, and we thought they were visitors.	Managers should carry out spot checks to ensure that all staff and volunteers wear badges displaying their name and role. Staff, residents and visitors should discuss whether a uniform for non-medical staff would be welcomed.	*We accept that this has been an issue and name badges has been re-ordered for staff. Badges has also been ordered with "Ask me my name" for volunteers. Spot checks are done to ensure that all staff wears their named badges and they are also reminded at team meetings.*
25	We saw no safeguarding, complaints or whistleblowing information displayed in the home. Dissatisfaction was expressed by a family with the response to concerns about injuries. Other people said staff had not acted on concerns about access to physiotherapy, missing possessions, a request for a lockable cabinet, or (for some time) mice.	The home should display (at reception and on each floor) and follow procedures for raising complaints, whistleblowing, and safeguarding concerns, explaining when people should expect a full response from management and how they can escalate matters if they are not reassured.	*Every bedroom has an individual Residents Guide with information about whistleblowing, safeguarding and how to raise concerns or complaints.* *We also have a 'Your Thoughts Count' poster, which details how people can raise any issues at home level with the manager, via the support office and also through the local authority and Ombudsman if they remain dissatisfied.* *Visitors to the home can also give their feedback via the feedback portal in the reception area.*
26	The only way which we saw to provide feedback was through a multiple-choice touchscreen rating system ('feedback portal') at reception.	The home should consider additional ways for residents and visitors to provide detailed continuous feedback, accessible to all (e.g. a confidential box). (Management should feel free to outline existing measures in their response to this report).	*Every year a survey is sent to Relatives and Residents. The feedback from the survey is displayed in the Home, by the lift close to Ground Floor 2. An action plan is drawn from the survey.* *The manager also operates an open door policy and conducts manager's surgery.* *The Home also has monthly Residents meeting and quarterly Relatives Meeting.* *As mentioned above we also have a complaints policy and procedure, your thoughts count poster etc.*

Human resources

	Issue	Recommendations	Response from the provider
27	Some staff said they were paid for completing online training, but one said that they had done this in their own time.	The home should re-publicise to staff its policy on payment for completion of online training sessions, and provision of computers.	*The Home has an E-Learning room on the Second Floor with 3 computers. Staff's compliance to training is part of their contract.* *Staff who has no access to personal computer comes to the home and clocks in when they are doing E-Learning. All staff are paid to do their training. We will provide staff with the information about payment for training at staff meetings.*
28	A couple of staff said they did not have regular supervisions.	Management should ensure that all staff are receiving regular supervision.	*Staff receives a minimum of 2 supervisions per year as per company policy.*

Healthwatch Southwark's recommendations for Southwark Council and Southwark Clinical Commissioning Group

1. The home was last inspected by food safety officers in July 2018 (http://ratings.food.gov.uk/business/en-GB/364067/Tower-bridgenursing-care-centre---hc-one-Tower-Bridge-Road). We are aware of significant rodent issues since this time, and recommendations from Rentokil included cleanliness measures/deep cleans for the kitchen and sealed food boxes for residents' rooms. Guidance suggests that high-risk facilities be inspected every six months. Southwark environmental health officers should re-inspect the home as soon as possible, with officers discussing the rodent problem with the contract management team in advance.

   Response from the commissioners: *As the home primarily offers nursing beds; it should be noted the lead regulatory agency in this area is the Health and Safety Executive (HSE) working closely with the Council. Environmental Health Officers from the Council were however involved when the issue with mice became apparent last year and will visit the home again in the next few days to determine the current risk of infestation, and liaise with the HSE in relation to any further action needed. We will inform you the outcome of this inspection. Recent contract monitoring meetings at the home did not highlight ongoing issues in this area.*

   You also provided a link in this recommendation to the most recent report of the Food Standard Agency (FSA) which is rated as "Very Good; although the Healthwatch inspection noted some concerns. As with the HSE, the FSE is the lead body in this area. The Council's

Food Safety Team inspected the kitchens of the home on 26 March 2019 in order to be assured that food safety standards were acceptable. I am pleased to report that the inspecting officer could find no cause for concern in what was observed on that visit.

2. If it has not done so recently, Southwark Council should complete a follow-up contract monitoring visit following its report and recommendations on the rodent issue (15 October 2018) and Rentokil's recommendations (6 September 2018). Healthwatch Southwark may request a meeting with the management and contract monitoring officers to seek assurance on progress.

   Response from the commissioners: *The home been visited regularly by contract monitoring officers since the Healthwatch visits, with social workers also regularly visiting the home to undertake service user reviews. Ongoing rodent infestation has not been reported as an issue, although if the pending environmental health visit identifies further issues these will be addressed immediately with the home. We would be happy to meet with Heathwatch again on this issue.*

3. Southwark Council should review minimum training standards across nursing and care homes, questioning whether online training is adequate for all topics.

   Response from the commissioners: *The Council and NHS partners continues to work with the home in relation to improving the skills set of the workforce. Much of this is face to face, one to one work with individual care workers with regards to improving health outcomes for particular residents (for example therapists provide guidance and training to care staff with regards to the use specialist equipment, and the Enhanced GP Service and Multi Disciplinary Team support for the home provide support and guidance to care staff in relation to managing complex care – i.e. the Care Home Intervention Team (CHIT).) Southwark CCG in partnership with the Council has also hosted "Train the trainer" initiative for the home (for example the introduction of the Red Bag Scheme to improve transfers to and from hospital, and Significant Seven which improves the skills set of non medically qualified care staff to identify signs of physical health deterioration of residents).*

4. Southwark Council and Southwark Clinical Commissioning Group should review the offer for dementia support across care and nursing homes, including available training, access to specialists, and resources.

   Response from the commissioners: *South London and Maudsley Trust's Care Home Intervention Team (CHIT) and other Multi-Disciplinary Teams that include social workers and community based health care professionals work with care staff to help support residents with complex forms of dementia and who display behaviour that the service finds challenging. The Partnership Commissioning Team is exploring with CHIT the opportunity for the team to provide group supervision for care staff in this area.*

5. Based on our specific observations at Tower Bridge Care Centre, we suggest the following topics to be covered in contracts developed for providers of nursing homes in Southwark, some of which we know will already be under consideration: Expected staffing levels, minimum training standards and minimum proficiency in English for staff

- Expected staffing levels, minimum training standards and minimum proficiency in English for staff
- Expected care planning procedures
- Provision of a range of quality culturally appropriate foods (Southwark being a diverse borough)
- Payment of staff for training time
- Range of activities to be provided to residents
- Accessible feedback measures for residents and families, including but not limited to clear safeguarding, whistleblowing and complaints procedures
- Clarity on how basic items, including toiletries and clothing, are to be provided to residents
- Clarity on how wheelchairs are to be provided to those who need them.

Response from the commissioners: *The list of issues identified to be included in future contracts is noted and will be taken into account by the Nursing Care Programme Board that oversees the development of new provision within the Borough. It should be noted that specific needs for individual residents are addressed in individual placement contracts currently.*

6. Based on our specific observations at Tower Bridge Care Centre, we suggest the following considerations for the physical environment at new homes being built in Southwark:
    - All dementia and disability-friendly adaptations (e.g. colours and height of light switches, signage)
    - Security mechanisms at reception – for example, should there be an inner door controlled by the receptionist *after* speaking to the visitor?
    - Lockable cupboards to be provided to residents
    - Ensuring designs reflect where residents are likely to spend their time – e.g. open plan designs or windows in the areas where people may choose to sit and watch activity taking place; quiet lounge areas to be placed in areas where staff can easily supervise residents so that they can be used more readily by those seeking peace
    - Easy access to water in multiple locations
    - Access to pleasant outside space – while recognising the fact that busy locations are not always seen as negative
    - En-suite shower rooms for at least the most frail or challenging residents, and plenty of storage in rooms to avoid these becoming cluttered
    - Signage to home entrances
    - Adequate bin provision and disposal of waste
    - Thorough rodent-proofing of buildings.

Response from the commissioners: *The recommendations in relation to the design requirements for new homes to be developed are noted and will be fed into the work of the Nursing Care Programme Board.*

Next steps

Since receiving the responses to this report, Healthwatch Southwark have met with the home's Joint Commissioning Manager. We discussed the impact of the report so far in conjunction with the commissioning team's ongoing oversight of the home. This has included clarification of health and safety oversight roles, and checks on the status of the rodent problem and hygiene in the home. The commissioners are working to ensure adequate support is provided to the home in meeting the needs of people most vulnerable to distress or behaviour that challenges. This is through the Care Home Intervention Team (CHIT) and band 6 nursing advice on the needs of an individual client, about whom we received a confidential update.

Healthwatch Southwark meets quarterly with the Director of Commissioning for Children's and Adults' Services, and will continue to share updates on the home and our recommendations. We will also contact the provider at a later date in order to discuss progress in different areas and any support they might benefit from in seeking further feedback from residents and families.

Our findings in detail: residents' and visitors' feedback and our observations

Care provided by staff

Staff and whether they are helpful: residents' views

Feedback given about staff by residents was generally positive. Comments received included, 'I do like the staff – they are very good, friendly, and chat and talk to me a lot,' to 'I find I can get on with most of them. They are responsive as far as I'm concerned – but I don't think it's the same for everyone.' However, one person said she would like more personal interaction, 'They don't chat too much – more passing comments. I would maybe like to chat more.'

Some residents waited a little longer than they would like for help, but this was not extreme. Comments ranged from, 'If I ask for help, I wait about ten minutes, but longer during the night or at supper time,' and 'I press the bell and they come quickly. Sometimes it can take six minutes,' Another resident was more measured in his feedback, stating, 'How long I have to wait depends if they're busy, for example at lunch. I've had to wait with wet trousers through dinner.'

Care provided to residents: visitors' views

Mixed views were obtained from visitors on how well staff cared for residents. Positive comments included, 'Mum is looked after very well here – she is well provided for. She gets washed every day and gets her hair done,' and 'The staff are always friendly to me and my friend, even though he is 'up and down.' More worryingly, other visitors said, 'At best, Mum has a shower once per week. Her hair is not washed as frequently as it should be. She had a male carer and was not satisfied with the quality of personal care received' and 'My friend has mentioned that the management staff shout (and) are not nice to residents.' Another person was extremely unhappy, saying that a recently deceased resident had been left in soiled clothing (so the room would smell), was not dressed in socks when out of bed, and was not turned during the night.

Three visitors mentioned concerns about staffing levels, variability and supervision:

- 'Staff do their best, but there is a real staff shortage.'
- 'The only issue is that there is so little money paid to carers – you get what you pay for. The staff turnover is quite high. There may only be three staff on during the night and there is a lack of supervision. You can tell those who have a vocation versus those who are from the Job Centre and will get sanctioned if they don't show up. It's an attitude thing...on their phone, not pulling their weight. I am happy with 70%-ish of them. When the unit manager is there, he oversees staff well. If other managers are in charge, it may go down the pan a bit.'
- 'Some [staff] are OK; some we trust more than others. There are never enough staff over weekends, usually around two.'

Response by the home to some safety concerns

Four relatives mentioned previous injuries to residents, including falls, a broken hip, a broken arm, and unexplained bruising during the night. Two of the families seemed confident staff were not at fault, with one saying, 'No one could say who was responsible,

but we are satisfied that it was not the staff,' and the other commenting 'I can't fault it here.'

However, one visitor was concerned to have found her relative having fallen out of bed, despite staff being present nearby. Another family was very unhappy at the lack of conclusive feedback provided to them about injuries by the management team, 'Our concerns…have never been resolved. There should be a process and an outcome. But a call out of courtesy would be nice.'

Another relative had observed repeated inappropriate use of manual handling equipment and raised this with the management team, but to little lasting effect, 'Changes we suggested might happen for a few weeks, but (things) then go back to how they were.'

Access to external services

One relative stated, 'If I raise an issue, they will call the GP.' A couple of relatives also noted that staff had arranged for the optician to visit.

We were however concerned to hear from a resident who had had a stroke that, 'I would like to do some physio so I can start to walk around again… I miss not being able to do things for myself.'

One nurse told us they had built a link with the At Home team, to help stop residents from being taken to A&E.

Observations of residents' appearance

All residents were dressed in a dignified way with no underwear visible, although a few wore nightclothes during the day. A Muslim lady with dementia had her headscarf neatly in place. One gentleman with dementia was seen wearing socks and searching for his shoes for some time, but where shoes were worn by residents, they seemed well-fitting.

Overall, clothing appeared clean or acceptable with some residents dressed smartly, or with personal touches such as jewellery. Staff in the second-floor dementia unit were observed making efforts to keep residents clean.

However, several residents across different floors seemed to have rather tangled hair.

Observations of interactions between staff and residents

Staff were generally observed being friendly to residents, calling them by their first names and saying 'knock-knock' when entering bedrooms. Some attentive and positive interactions were noted on the ground and second floors. Carers seemed brusque on occasion, but tended to listen to what residents were trying to tell them and asked questions such as 'How are you?' and 'Where do you want to go?'

On one occasion we saw a resident's call bell light flashing and unanswered – a carer was in the area, but had prioritised clearing plates.

Language barriers

One resident we met was unable to communicate due to not speaking English in addition to her dementia. A staff member said it was sometimes possible to match up native language-speaking staff with residents, but another expressed concern at a lack of understanding between some staff and residents due to language barriers. This also prevented staff from communicating fully amongst themselves, indicating that it might sometimes be staff who do not speak fluent English.

Nutrition and hydration

Food and help at mealtimes: residents' views

Some residents made positive comments about the food. 'The food here is very good – it's a lot better than at [my previous home]. Here, I get a choice of two or more things and they serve pineapple juice. I'm 13 stone and I'll be 17 stone before I leave!'

One person on a special thickened liquid diet found it to be bland. Another resident chose to prepare her own meals in a kitchenette, as she did not like the home's food at all. We also spoke with a resident who was very unhappy at a lack of culturally appropriate food options, 'Oh, don't get me started. I want proper food for Black people – rice, plantain, peas... They brought (in) a taster, but they haven't changed the menu. They serve lots of mash and chips, which I don't like.'

One resident confirmed that he was being helped to eat, 'When I'm in the dining room, they do ask if they can cut my food up for me [we observed this] and they asked if I want tea or coffee.'

Another resident playfully suggested, 'I'd like a brandy!' Our team asked the staff about this and they explained that the resident would need to sign a form.

Food and refreshments: family and friends' views

Visitors felt that food quality and portion sizes were good. One commented, 'Mum gets three good meals per day, with good portions.' Another stated, 'The food is fine. They have reduced the portions as my friend is overweight.' We were told that a variety of foods was offered for breakfast.

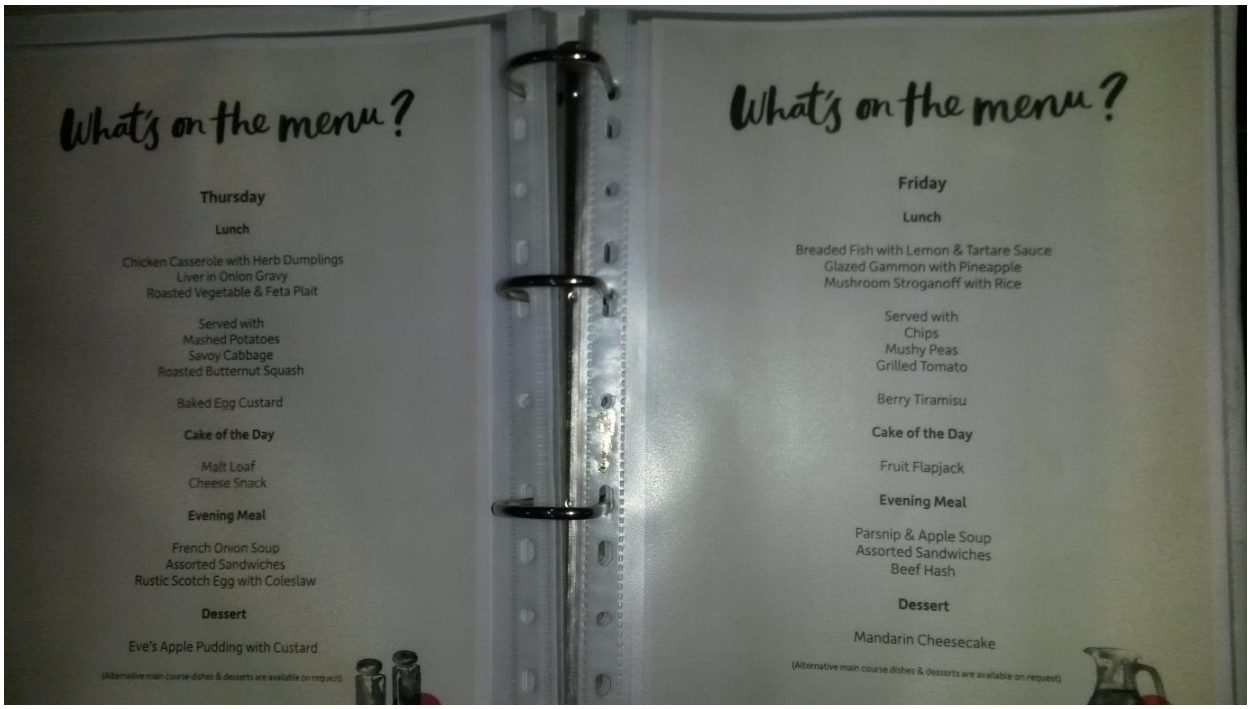
One person raised concerns that their relative had been given foods they did not usually like or 'were not allowed', despite this being noted in their care record, and that the resident was not helped sufficiently to eat and drink.

One person expressed concern about hydration, 'When good staff are on, they watch to ensure residents are drinking. When other teams are on, they don't necessarily have the same attitude.'

A visitor also confirmed that the dining rooms were used for lunch and evening meals and that those who were physically able would eat together.

Observations on the menu, mealtimes and hydration

Menu



Three lunch options (one vegetarian) were offered to residents. Some mains came with a carbohydrate side, and potato and vegetable sides were offered in addition. Traditional British meals were observed. The main courses offered for lunch looked appealing and were served in large portions.

Menus for evening meals included soup, sandwiches, and sometimes a warm option, such as pasta or a jacket potato.

Desserts were offered at both meals.

We understood that menus were rotated fortnightly. During our Friday visit, we noted menus on display on the first, second and third floor central corridors (font of reasonable size, but without pictures).

Meal time observations

We saw lunch being served and eaten around 1.30-2.15pm on both visits.

Ground Floor

- On Friday afternoon, the ground floor dining room tables were laid.
- On Sunday, all residents but one ate lunch in their rooms. We observed a resident repeatedly pushing her plate away, then becoming frustrated. Staff did not appear to be very patient with her.

First Floor

- On Friday, all residents were eating in their rooms. One resident was asleep over her food. A carer reminded her to eat rather than taking the food away. A carer was heard checking before removing uneaten food from another room.

Second Floor

- During Sunday lunch, we observed up to 15 residents eating in the dining room. Carers fed two residents at a relaxed pace; most other residents seemed able to feed themselves.
- Residents were being offered a choice of yogurt or ice cream.
- Some residents were in their rooms being helped to eat by carers. Other residents were sitting in corridors with their plates on low tables, but had dozed off. After about fifteen minutes of observation, these residents had not been helped to eat and the food must have gone cold.

Third Floor

- On Sunday all but two residents were observed eating in their rooms. The two sitting in the corridor were being assisted. The dining room was set but not in use.

Hydration

Lunch was served with two glasses of fluids, with a choice of tea or coffee after the meal. Morning and afternoon tea and coffee were also offered. Some residents were observed drinking water from appropriate drinkware as they moved about.

Drink making facilities were available in the kitchenettes, and at reception. Some lounges had water/juice dispensers, but not all were filled and at least one had no cups.

Activities and socialising

Daily routine and activities: residents' views

When questioned about the activities they engaged in, residents generally mentioned solo activities such as listening to the radio or watching television. 'I read a lot. My daughter brings books for me. Sometimes, I listen to music. I don't particularly want to be involved in organised activities.'

Some residents were able to go out and clearly enjoyed this. 'I have a coffee morning Thursdays and volunteers take six of us there. We're going out to see the Christmas lights. I also go to the Albany... I only go for special events. The staff should take us out more.'

A couple of the residents we spoke with were less positive: 'I don't have any hobbies and I don't ever go out. I like to watch TV, but I had more things on my TV at home,' and 'There's nothing to do – no social activities. I made some Christmas decorations. Whether I enjoy crafts depends on my mood. There's nothing else I want to do.'

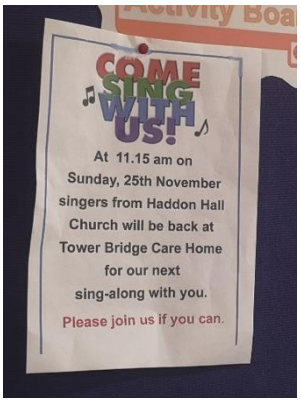
Others expressed interest in going out but were afraid or unable to leave the nursing home. 'I would love to go swimming again. I don't go out now – I take no chances.'

We received mixed feedback on residents' ability to make friends, including 'I've found making friends here very easy,' to 'I don't have any friends. I'm happy to be on my own,' and 'I do try to talk to other residents, but not so much'. One resident commented, 'I teach quite a few of them... quite a few don't speak much English!'

Activities provided: visitors' views

Visitors gave mixed feedback on whether activities were being provided for their loved ones. One commented, 'They're not left to sit here by themselves. Mum does crafts,

makes bracelets and does painting. They need more dementia friendly stuff though,' but another stated, 'There is a total lack of activities at the home. My friend sits in the chair all day and watches TV.' One relative said that she was concerned that staff were preventing her mother from listening to her CDs in her room.



One visitor described how he could participate in activities with his resident friend, 'I do take part in the activities here. When the singers came, we all joined in and it was lovely.'

One of the activities managers received considerable praise, 'The stuff she does to engage is amazing. Every theme [she] can think of, she tries to do something with, and they all celebrate. They take time to find out about each individual and make plans around that. Children come in from schools, which the residents love, and performing acts also come in. Mum's even been on trips to Hever Castle and Hastings.'

Another relative also talked about the day trips her mother had been on, and a friend commented, 'The volunteers are great; they take him out and even went with him to a local wine bar.' Others expressed a wish to see residents taken out more, with one friend identifying a lack of wheelchairs as an obstacle. 'There are no wheelchairs and my friend has only gone out once since August.' (One visitor noted that their relative's named wheelchair had been used by somebody else, and that he was put into a different one.)

Observations of activities taking place

Residents in their rooms were seen both in and out of bed.

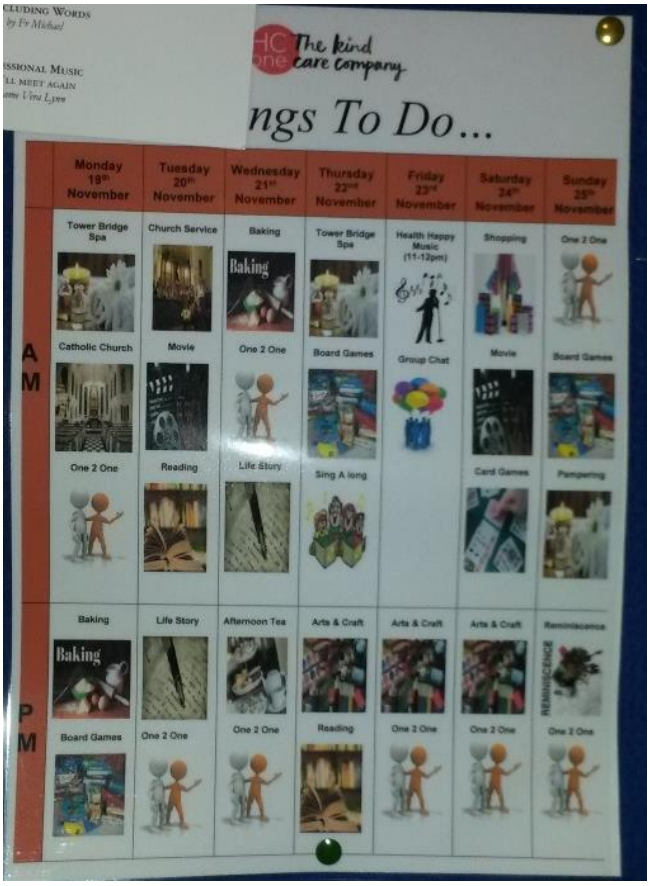
During our three-hour Friday visit (which included some of lunchtime), the following observations were made:

- Ground floor: No activities were observed.
- First floor: The quiet lounge was unoccupied. Some residents were watching a quiz show in the other lounge, whilst others had fallen asleep or seemed bored.

- Second floor: A singer was entertaining people in the dining room with age-appropriate songs and residents were being encouraged and supported to attend. Other residents were watching television in a lounge.
- Third floor: The lounges and bar area were unoccupied.

During our three-hour Sunday visit (which included some of lunchtime), the following observations were made:

- Ground floor: No activities were observed.
- First floor: The quiet lounge was unoccupied.
- Second floor: Residents were watching television in both lounges. Several residents were in the corridors interacting with staff and each other or sleeping.
- Third floor: No activities were observed.



Observations of residents' interactions with each other

Residents' interactions with each other were mixed. For example, one resident was seen talking insistently to another who seemed to wish for some quiet. However, on other

occasions, residents chatted cheerfully ('This is nice pork today,' and 'There's a nice lounge up there.')

Behaviour that challenges from some residents with dementia

Some behaviour that challenges was observed in the second-floor dementia unit. We were concerned to see one lady cowering from another resident who was shouting and being verbally abusive towards her.

Hinting at the stress involved in looking after residents with dementia, one staff member commented, 'A couple of the residents quarrel and fight. You always have to be alert and staff are spread over the second floor.'

Accommodation, safety and hygiene

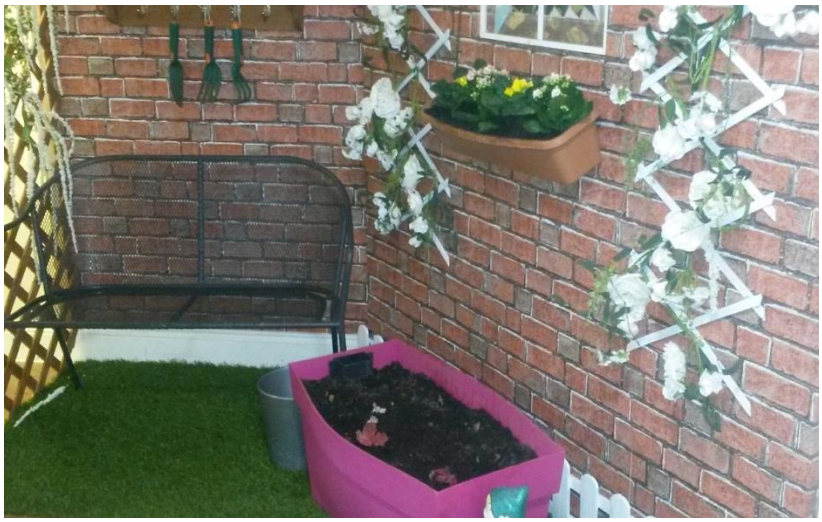
Residents' thoughts about their rooms

Most occupants seemed content with their room size and furniture; comments included, 'My room is nice. I like it – it's big. I wouldn't really change it,' and '[This is] quite a nice room.' Another stated, 'It's my home at present; my room is clean.'

However, one resident said they found their room small in comparison to their own home, and another noted that, while 'quite a nice room,' it was occasionally noisy.

Although we thought the busy location (by the busy Bricklayers' Arms roundabout) might be a downside, two people with road-facing windows enjoyed having an active view. 'I like looking out at the traffic from my room and watching the bus drivers.'

Residents' thoughts about other areas of the home



Residents' comments about other areas of the home revealed that they liked having quiet time in the lounges and that those who were still mobile found getting around easy, due to spacious corridors and a good lift.

One resident commented, 'I like the garden', probably referring to the indoor garden for residents with dementia.

Standard of accommodation and equipment: visitors' views

A couple of visitors said they were satisfied with the quality of accommodation, furnishings and equipment provided. One visitor noted that new flooring had recently been laid and new furniture brought in. They added, 'It would be nice for residents to have a

shower in their rooms - there's currently only a toilet and basin in each,' another visitor was not pleased with the way their loved one's bathroom 'is used as a storage room.' One person said their late relative's bed had had a broken rail, meaning it needed to be moved against the wall and the meal tray could not be used.

Most visitors were also satisfied with safety and hygiene standards, although a relative did note that they had seen live rodents within the building recently and another mentioned having seen them last spring before their relative died, saying they were 'everywhere'. (See box on pages 31-2 for more on this topic).

Observations on building access and security

We were unable to locate any signage directing visitors to the entrance, which is behind the building off the main road. Access into the building is step-free. We noted CCTV on the building's exterior.

On both visits, people leaving the building let us into the porch, where there is an unsupervised visitors' book. The receptionist opened the second door.

On the first visit, the receptionist checked who we were, then introduced us to the manager. On the second visit, the receptionist seemed to be expecting us, but did not verify our identity.

Codes were needed to exit residential corridors into lifts, stairwells and reception.

The service entrance in the laundry at the end of the ground floor dementia unit opened onto a non-secure fenced bin yard. A staff member was smoking outside, so we were unable to confirm whether this door was normally locked.

Security of residents' belongings

Most bedroom doors were kept open. However, staff in a dementia unit were seen locking empty bedrooms at one point, and we were told that this was due to a resident who liked to wander around 'collecting' items while others were at lunch.

A relative expressed concern that 'We buy her a lot of stuff, but it all goes missing… The remote control has also gone. We bought her nice blouses for her birthday, but they've now gone. We've raised this with the staff lots of times. They just say, 'We'll look in the laundry,' but they never get back to us.' Another relative also said that some of their loved one's possessions had gone missing and questioned whether leaving doors unlocked was appropriate.

One resident had requested a bedside locker, but this had not been provided.

Observations on safety in common areas

Emergency exits were marked with standard green signs. Fire alarm buttons and extinguishers were present. On the second floor, one alarm button was hanging off the wall and a smoke alarm was missing its cover.

All corridors were wide enough for wheelchairs and walking frames to pass freely. Grab rails were placed along all corridors and were a darker colour on all floors except the ground floor. Toilets and wet rooms were all accessible.

Floor coverings were secure and non-slip. Common areas were obstruction-free, but some clutter was noted in dining rooms.

The tops of radiators were very hot in some lounges, but no hazard warning signs were displayed.

Ceiling mounted orange pull-cord alarms were visible in all communal areas including toilets and showers, although some cords were not easily accessible and the ground floor appeared to have fewer cords.

Observations on cleanliness and hygiene

In general, the communal areas including toilets and showers were acceptably clean. Carpets in lounges and corridor flooring appeared to have been vacuumed recently, although some did have debris/crumbs, including the unoccupied third floor bar area. Carpet corners in the ground floor bedrooms needed deep cleaning.

Apart from occasional tissues, little rubbish was noted in most areas.

Spillages (probably urine) were cleaned up within an acceptable timeframe and slippery floor signs were displayed.

Urine smells were occasional and mild, although sometimes stronger on the second floor and in some bedrooms.

The small locked medical treatment area on the second floor was observed through a door and appeared clean and tidy.

We did not observe the main kitchen. Kitchenette facilities on each floor were acceptably clean and mostly tidy. During one visit, dirty plates and medicine packets had been left out in the ground floor kitchenette.

Rodent issues

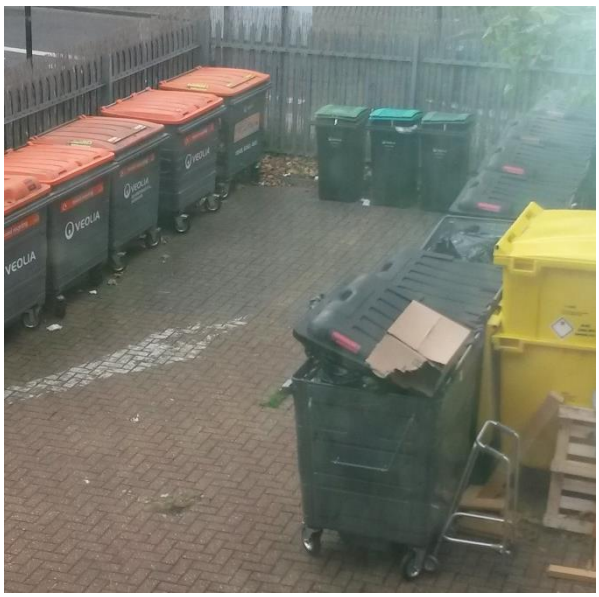
Different sized plastic mouse bait boxes were observed in many communal areas (for example, behind chairs) and bedrooms.

A mouse bait box in a lounge showed signs of recent rodent activity, with shredded material nearby. We did not see any rodents indoors, though radios playing would have deterred them from coming out.

From windows, we observed rats active on the roof of a shed on the other side of Aberdour Street, and rat bait points had been installed outside the home.

The large laundry air vent pipe was not blocked off from the outside.

In the external bin yard, all yellow contaminated waste bins were overflowing (other yellow bins were stacked up but not in use). The general waste bins nearer the building were also overflowing; those located further away were shut properly.



Observations on dementia-friendly measures and personalisation

Consistent use of materials and medium-light plain colours was observed on all floors. Floor, wall and furniture colours did contrast, but not always strongly. Toilet seat and door colours contrasted with toilets and floors. However, light switches in communal areas did not contrast with walls and were not always wheelchair accessible.

Toilet doors were signed with pictures, but common areas lacked direction signage to toilets. Ground floor signage appeared more helpful than that on other floors.

Most lounges had large clocks and at least one stated ‘day’ or ‘night.’

Memory boxes were used to help some ground floor residents to identify their rooms. On all floors, some residents had door name plates, but less so on the third floor. Many residents had basic personal information on their bedroom doors - for example, ‘I like to be out of my room’ and ‘I like to be quiet’ – although this was not universal.

Bedroom personalisation varied; a few had little or no personalisation at all. Some rooms were cluttered with items including laundry.

Observations on comfort, decoration and activity facilities

Traffic noise was noted by some of the team, especially on the ground floor and in some bedrooms, but was felt to be at an acceptable level given the busy location.

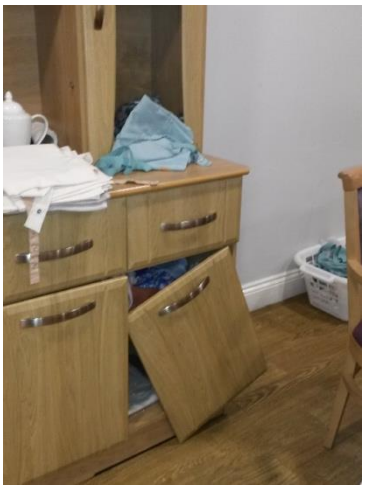
The nursing home was lit at comfortable levels and lighting was bright when required, such as in corridors. Curtains in the second and third floor bedrooms were more commonly open than those on the first floor. This was possibly due to resident preference but contributed to a more cheerful atmosphere. We noticed that a lot of residents, especially on the second floor, spent time in the corridors where there was more going on, but these lacked windows – a point to be noted in the design of future homes. Quieter lounges at the far ends of corridors seemed less used.

We visited on two cold autumn days, but the internal temperature seemed appropriate for residents. Windows were open in a dining room during lunch, and in some rooms where we had noted urine smells. However, beyond the stairwells, air was not felt to be that fresh.

Radio noise around the home

We observed several radios and televisions were playing on each floor, e.g. in dining rooms and bedrooms. This was particularly noticeable in the third floor palliative care unit, where the noise effect in the corridors was quite grating. This may have been due to residents being able to listen to their preferred channels in their rooms, and sounds amplifying in corridors. Lounges located at the ends of the corridors were generally quieter.

Whilst some residents were happy with the music playing, others were less complimentary.



Each floor had two lounges, with one or both containing televisions. In some lounges, we observed both residents and staff having quiet time. A tiny additional 'quiet room' containing a single chair was seen on the second floor. A bar at one end of the third floor was not in use during our visits.

The lounges were pleasantly decorated with modern, natural colour schemes and several homely touches. Seating was comfortable and in good condition.

Walls were generally in good condition, except for scuff marks in some lounges and stairwells. A few cupboard doors were hanging off their hinges.

Interesting pictures had been hung throughout the home, featuring subjects to encourage reminiscence and orientation (e.g. 1940s stars, London landmarks, food pictures in dining rooms). Noticeboards included pictures of activities in the home, a 'happy birthday' sign for a resident, a 'resident of the day' sign, and service cards from recently deceased residents' funerals.

Focal points included a goldfish bowl at reception (unlikely to be seen by many residents) and a butterfly cut-out display in the third floor corridor. The second floor housed a small garden area for residents to use and a coat stand with hats and bags (having handbags to carry around can be important to dementia patients). Cheerful Christmas decorations made by residents were hanging from the second floor ceilings.

Some lounges had small book collections, but other shelves were empty and no newspapers or magazines were spotted. We saw games, cuddly toys and tambourines on the second floor, and dementia dolls on the ground and second floors.

Other than the carpark, there is very limited outdoor space. Planter boxes were located near the main entrance.

There was also a small smoking area. In the absence of an ashtray, cigarette butts were scattered on the ground and the seat was covered in bird droppings. A rubbish bin had not been emptied.

Communication between staff and residents/visitors

Making suggestions: residents' views

A couple of residents explained that they had made specific requests to staff that had not been responded to, including for staff to take them out [although the person appeared to be quite unwell], for a bedside locker, or for a physiotherapist to visit.

Staff communication with and responsiveness to visitors

We gained the impression that staff did normally provide feedback to visitors about their loved ones, 'The staff are really good. They update me on her progress whenever I visit.' However, one family were concerned about a lack of explanation about injuries – see box on pages 22-23. One person had also been unhappy about care provided to her late relative, and said that the home had not 'partnered' with her as his carer.

Observations on information and feedback systems

Limited printed information was available at reception. Whilst a food hygiene rating (5) was displayed on the window, we could not see the home's CQC rating on display. [Please note that in their response to this report, the provider stated that the rating was displayed near the receptionist's desk, and we therefore agreed to remove a recommendation on this topic.] Some of the information displayed was old (e.g. an early 2017 newsletter).

We did not locate any information about the home's complaints, whistleblowing and safeguarding policies and procedures. Other than a large touchscreen located at reception with multiple choice buttons for residents, visitors and staff to press to rate their experience, we found no way to provide feedback.

Staff identification and presence

We did not observe staff names and photographs on display anywhere in the building, nor did we see any signage identifying the site, duty and unit managers.

Some staff were identifiable by the different coloured uniforms they wore. Most wore badges showing their first names in large letters. At least a couple of staff and a volunteer were not uniformed or wearing badges and we at first thought they were visitors.

At no point did we struggle to locate staff, although staffing seemed lower on Sunday and the third floor was lower in obvious activity.

Overall views

Overall comments: residents' views

When we asked for overall impressions from residents, varying responses could be partly attributed to the similarities and contrasts with the resident's previous lifestyle. For example, when asked whether there was anything they missed, one resident who was still very independent responded, 'Not particularly. I don't really care where I live.'

A recent arrival said, ‘I don’t have anything more to say – I like it here. I’d recommend Tower Bridge – I think [my previous care home] could learn a thing or two from this home. I have no intention of leaving here.’

In contrast, another person who had been resident for longer said, ‘I don’t like living here and I don’t like my room – I just don’t. I can’t put my finger on why. I miss my son and I miss my little cat. I had more things [to watch] on my TV at home.’

Overall satisfaction and confidence in the home: visitors’ views

Whilst the site manager’s approachability was generally highlighted as a positive, visitors’ overall impressions varied according to individual circumstances and experiences with specific staff members. One relative was particularly complimentary about a unit manager, ‘I feel that there are some absolutely superb people in here, especially him. Yes, I am happy and reassured, but Mum doesn’t like it here.’

A visitor to another resident commented, ‘A few times he’s said ‘I wish I was dead’, but he was like that when we were at home too. I know he is happy here.’

Another visitor felt that her friend was not in the right facility, ‘I don’t think my friend needs a nursing home. She needs a residential care home with lots of activities. In this home, every day feels the same.’

For one family, concerns about the home had to be balanced with the ability to visit. ‘The thing is, we have no choice. It’s the only one here in Southwark. Anywhere else, we wouldn’t be able to come every day. We feel worried if we don’t visit every day. We ring on the days when no one can come in.’

Our findings in detail: Staff feedback

Staff satisfaction

Attitudes to the caring role

All staff we interviewed spoke positively about their roles at the home, and took pride in the level of care they provided to residents. Several staff expressed compassion and dedication, saying, 'My satisfaction is my residents. I come here to care and that's it. When I'm here, everything outside is gone and I just focus on this. I don't think about outside. I love palliative care; being with people who are going,' and, 'Our residents often don't have any relatives, so we are their only carers. I definitely gain job satisfaction from this role – I couldn't do it otherwise.'

Several staff members alluded to the complexity of working with residents with dementia. Nevertheless, some found dementia care rewarding, 'I find working here no problem – I enjoy coming in. I find that, in talking with my residents, I learn from them. Residents can be challenging, aggressive. It can take time to find out why - communication is hard. A resident may be wet and will spit at you and scratch, even if they need changing.'

The importance of working as a team to provide good care was recognised, 'We shower all our residents daily and make sure they are fed. No matter how difficult both tasks prove to be, we don't give up. As HCAs, we each have specific areas on each floor to look after, but everyone's willing to help, if needed.'

One staff member emphasised the importance of the residents' connections with the wider world. 'I am most proud of the relationships we build with our residents and their families, and the activities that we offer them. We also encourage the wider community to become involved with the residents.'

However, dealing with residents' families could also be challenging. One nurse we interviewed said, 'Visitors put a lot of pressure on the nurses - 'I want a doctor to see [my loved one]' - but as a nurse, I know this isn't yet necessary. They want that reassurance.' A carer also commented about the expectations relatives had of staff, 'Residents may complain, but dementia means they're lying or don't remember, for example, a resident complained about not eating or drinking all morning, but this was not true. This can cause trouble with family members.'

Residents' access to basic goods

One staff member stated that she purchased personal care items for residents from her own funds, 'Residents have to provide their own clothes and toiletries here, but if they have no family, friends or money, they cannot do so. This means that we carers buy shower gel and socks for our residents out of our own money. I am aware that budgets are tight, but it would be good if they could be universally provided. These items are basics!'

One visitor also said they had had to buy batteries for their friend's clock.

Recent changes

A couple of staff members noted improvement in the home following a change of manager, with one commenting, 'It's so much better here now - 100% on an upward trend.

I'm proud that the home is clean. New renovation, furniture, makes it look nicer,' whilst another stated, 'Not much needs to be changed, now that Christen [the manager] is here.'

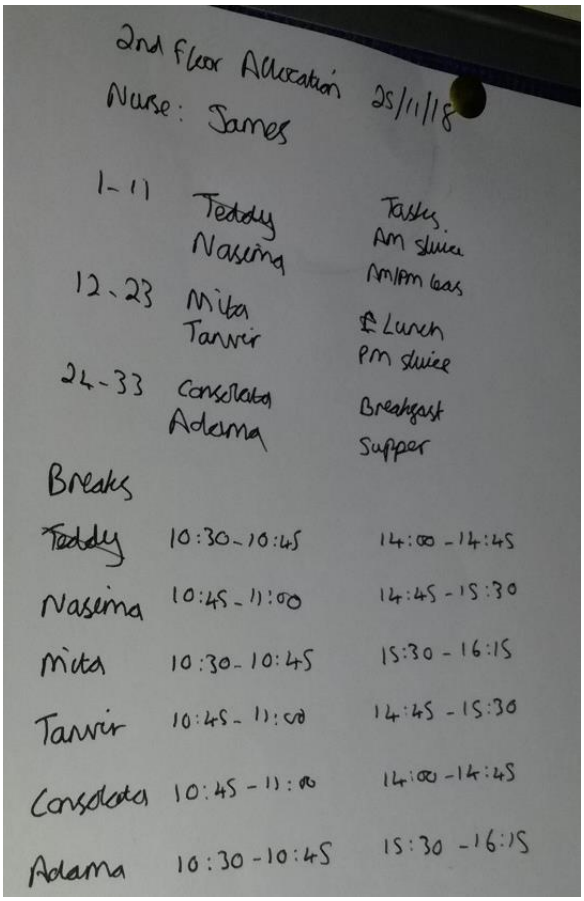
Staff promotion and compensation

One member of staff felt that staffing decisions were not always meritocratic and stated, 'Experience isn't taken into account, in terms of promotions – the wrong staff are promoted.' In contrast, another person commented, 'Seems any worker, after two or three months, behaves like the manager! It seems to be more about the experience than the qualifications here.'

Pay was mentioned as a negative factor by a couple of staff members. One commented, 'I prefer to work with people who know their roles. It's some and some here – it depends on the culture: a job versus a 'job and satisfaction'. The wages aren't enough though,' whilst another responded, 'There's nothing needed to make my job easier – except more money.'

Staffing levels

Feelings about the adequacy of staffing levels were mixed. A senior staff member stated, 'We aim to get as many regular staff working here as possible; the same people working in the same suite of rooms.' Others commented favourably on staffing level, saying for example, 'Residents are looked after and the number of staff is fine. If you have too many staff, they won't do their jobs. If fewer staff, they do their jobs.' The management team's role in trying to plan for absence was acknowledged, 'Sometimes it will be that someone goes off sick. But they [management] do overbook staff to prevent issues. We don't take agency anymore.'



However, challenges around staffing were also mentioned, 'If someone calls in sick it makes it challenging and stressful because of the workload. Some people manage the situation; others don't and leave. They blame managers, but that isn't always appropriate.' Another interviewee said, 'Sometimes it's hard, because we are short of staff. There are usually three carers taking care of six or seven residents, but sometimes only two.'

We detected some tension arising from staff being stretched, with one carer explaining, 'Sometimes, the dining room and activities staff ask carers to clean the floors instead of the cleaners, but I don't have time for this.'

When asked for any further feedback, one person did elaborate on difficulties with recruiting appropriate staff, 'Turnover is quite high. [Some carers] come in, then don't

come and we call and they say, 'I'm not cleaning up 's***'.' Their expectations therefore need managing: 'this is what you're going to see and do – are you prepared?''

Time available to spend with residents

Staff responses as to whether they had sufficient time to spend with residents ranged from, 'Oh yes [I do have enough time]! One thing about dementia is that building a relationship is the foundation for everything' to 'There is never enough time. I sometimes have to cut residents off because they talk for a long time.'

Other comments included:

- 'We don't get to spend too much time talking with the residents.'
- 'I do have enough time to sit with them in the lounge after lunch and offer them tea and chat. Residents often tell funny and interesting stories. But some staff have time for residents and some don't.'
- 'I would always love to spend more time with my residents. I spend a lot of time on paperwork and liaising with GPs, opticians etc., but would love a whole day with residents, but this isn't possible. Knowing residents well, such as being able to spot when they aren't eating… can help with intervention at an early stage.'

Two members of staff told us that they found it challenging to move between floors, as they did not have time to get to know a new set of residents, especially when they had communication barriers. Another said weekdays were more hectic due to activities such as doctors' rounds.

On a related note, when asked for recommendations, several staff suggested offering more activities for residents (particularly dementia friendly), and taking them out more. One staff member suggested that, if more funding were available, 'I would like even more activity coordinators to help… I would definitely like to offer residents more activities, such as movie nights, baking, singing and games as well as more dementia dolls.'

Training

All staff we spoke with said that they had received an induction. Some said that there was a lot of mandatory training to be completed, with one carer commenting that this had taken her six months. Another interviewee told us, 'They always give training. You have to do continuous learning. I can go to managers and ask for training. I've done food hygiene, health and safety, dehydration, malnutrition... there's a lot of training.'

A member of the domestic staff said she was interested in some training in first aid and resuscitation, whilst another expressed interest in learning more about dementia. A senior staff member felt that soft skills training was required, stating 'Some staff need an attitude change and dementia caring training.' When asked for recommendations to improve the home, some staff suggested providing more continuous training options, including resuscitation and dementia courses.

Online training

Staff confirmed that all mandatory training (including medication, health & safety, safeguarding, manual handling and modules on specialised topics, such as dementia awareness, dignity and life-and-death) was funded by the home and made available online. 'Training is paid for – it's online and you check in.' To stay up-to-date, staff needed to keep up with regular e-learning, including for manual handling.

When hearing this, we recalled a comment made by a relative about a possible lack of practical 'classroom style' training to prepare staff members to use manual handling equipment for moving residents. 'The equipment is here, but it may not be being used correctly.'

One interviewee did say that they had shadowed another employee when they first joined, but we were unable to explain what was covered during this time. 'We spend three days shadowing and, depending on experience, it is possible to request more training.'

Management support and supervision

We received a number of comments about the effectiveness of the management team. 'The managers here are tough; they don't let things slide. They speak for the incapacitated residents and I can well imagine that, at other care homes, people cut corners, whereas my managers don't.' Proactive management was also noted by another staff member, 'The quality of care is best. Communication is good, but could be improved. When we go to senior staff, they are able to resolve conflicts.'

Most acknowledged that the management team was visible and generally approachable, and supportive, with one staff member stating, '[My manager's] door is always open when she's there and I do have regular supervisions,' and another commenting, 'Management are doing their best – they are always visible on the floor, especially the second floor. I feel 100% listened to and supported. If there are any problems, you can always meet your line manager or unit manager.' Yet another member of staff added, 'If I have an issue, I go straight to the manager. She's so easy to talk to and this is a change from the previous management.'

A staff member also commented on the willingness of the management team to help other staff when needed. 'The managers will help if we are short staffed, for example, to shower people so they are physically 'down and dirty'. This sends a good message [to staff].'

Referring specifically to supervision, one interviewee noted, 'Team support is good. Supervision is weekly and sometimes it's hard when we receive complaints from the families.' Another added, 'My manager gives me frequent supervisions and I get positive and negative feedback, which is what a manager should provide. There is a formal complaints process, but I've not had to use it. I confront something straight away if it is wrong: upwards and downwards.' One interviewee noted they would like to have more supervisions.

When asked for recommendations to improve the home, a couple of staff commented on improving management communication with staff.

Appendices

Interview questions for residents

1. Tell me about yourself.
[How long have you lived here for? Where did you move from? What do you like about living here? Is there anything you miss about not being back at home?]

2. Do you have visitors here?
[Who normally comes to see you? Can they visit you at any time? How often do they come? Can they have a meal with you and join in activities with you when they visit?]

3. How do you get along with the staff?
[What are the things they do for you that you like? What else would you like the staff to do for you? If you ask for some help, how long do you wait before staff can help you? Do you get to chat to them much other than when they are taking care of you?]

4. How do you feel about your daily routine?
[When do you get up in the morning and go to bed at night? Do you have a hobby? Do you ever go out? Were you involved with any groups before you moved here?]

5. How have you found making friends here?
[What social activities are you offered here? Is there anything else you would to do?]

6. What do you think of your room?
[Is there anything about your room you would like to change? If you would like quiet time or personal space, can you go somewhere other than staying in your room?]

7. How do you think of the other parts of the building?
[How easy is it to find your way around everywhere? Is there anything you would like to change in the communal areas?]

8. What do you think of the food here?
[Is the portion size right for you? How often does the menu change? Are there some foods you would especially like to have? Can you have a drink whenever you want to?]

9. If you wanted to suggest a change to something in the home, would you do this?
[Have you ever suggested something before? If so, what happened?]

10. What's the best thing about living here? What would you like to change?

11. Is there anything else you would like to tell us today?

Interview questions for visitors

1. What is your relationship to the person you are visiting?
[How often can you visit them? How long have you been coming here for? How do you find getting here – is this location convenient for you? If not, is it far from your loved one's original location? Did you help/have a role in choosing this home?]

2. How do you feel the person you are visiting is looked after by the staff?
[Are you happy with their personal appearance and care, e.g.: hair/nail/foot care given? Do they have all the personal care products they need? Do they get to see a doctor, dentist, optometrist, podiatrist when they need to? Is there anything about their care that you have been trying to change? If so, how long did you wait for a response and what happened?]

3. How friendly and helpful are the staff towards you?
[If you are your visited person's primary carer outside the Centre, do staff keep you updated on his/her health & wellbeing?]

4. What do you think of the facilities at the home?
[Do you have any health & safety concerns (e.g. hygiene issues, areas where falls could happen)? Does your loved one have access to the equipment they need? Is there a quiet area where you can sit together, other than in their room? If you've make a suggestion to change something in the home, has this been acted upon? Were you kept informed?]

5. Do you know anything about the food and refreshments here?
[Do you have any comments on the availability, variety and quality of food served and refreshments given? Does your loved one get the help they need during meal times? Can you have a meal with them?]

6. Do you have any comments on the activities offered to residents?
[Do staff support your loved one to have a hobby? Can you take part in activities with them when you visit? Are there other activities that you would like to be introduced for residents to do? Do you ever take your loved one out?]

7. Do you have any comments on the activities offered to residents?
[Do staff support your loved one to have a hobby? Can you take part in activities with them when you visit? Are there other activities that you would like to be introduced for residents to do? Do you ever take your loved one out?]

8. Overall, are you happy and reassured in leaving your loved one in the care of the Tower Bridge Care Centre?
[Does your loved one ever comment to you? If so, what do they say? Do they seem happy?]

9. Is there anything else you would like to tell us?
[What would you compliment the staff on? What would you change here?]

Interview questions for staff

1. Tell us about your role here.
[What is your current role? What types of tasks does that involve? How long have you been working here for? What hours and shifts do you tend to work?]

2. How do you find working here?
[What do you enjoy? What do you find challenging?]

3. What training and support do you have to do your role?
[Do you feel well supported to do your job? How often to you meet with your line manager/supervisor? Do you have team meetings too? Do you feel listened to if you suggest changing something? Did you have an induction when you started your job? What are some of the things that you have been trained on (for example, safeguarding, dementia care, health & safety, use of equipment)? Can you request specific training for your role?]

4. What are you proud of about the care you provide here? What works well here for the staff and the residents? If you could change anything here to make things better for residents, what would it be?
[Is there anything you'd like to do in your own role, but don't have time for? Is there anything the residents themselves have suggested or complained about?]

5. Do you feel like you get to spend enough time with the residents to get to know them and their needs?

6. Is there anything else you would like to tell us?

Observation sheet

'RAG' score the following areas using: R (red) = Inadequate, A (amber) = Acceptable/Mixed & G (green) = Good, and write any comments in the boxes provided. Please be as specific as possible on the location where the observation was made.

Area	Score	Comments?
Location and exterior		
Secure perimeter around home?		
Access to outside space/garden?		
Well signed and easy access for visitors? Buses? Parking?		
Security, information, staff presence		
Entry system; residents & visitors sign in/out?		
Staff photos/names displayed including manager in charge?		
Staff visible, and easily identifiable with badges		
Information and policies on display (list key examples e.g. CQC rating, health and safety, how to raise a concern)		
Call buttons & alarm pull-cords?		
Emergency exits marked clearly? Alarms & fire extinguishers?		
General environment		
Traffic & other noise?		Common areas:
Well-lit inside & outside?		
Homely and welcoming? (e.g. pleasantly decorated, plants, bedrooms personalised such as with photos)		Bedrooms:
Clean?		
Ambient room temperature? Fresh air/ventilation?		
Access		
Clutter & obstruction free?		

Corridors/toilets wide enough for walking frames/wheelchairs?		
Accessible toilets in easy reach?		
Non-slip/trip fixed floor coverings?		
Ramps (including grab rails) and lift easy to access?		
Vision impaired & Dementia-friendly environment		
Floors: consistent light colour, not patterned, contrast with walls and furniture colours?		Common areas:
Toilet doors/seats/ handles/rails: contrast with walls and floors and in single distinctive colours?		
Light switches contrast with walls? Accessible to wheelchair users?		
Calendar and large-face clock visible?		
Do signs use both pictures and words?		Bedroom areas:
Signs on doors at eye level?		
Signage for toilets and bathrooms consistent, clear and visible from all areas used by residents?		
Signs, menus, TV guides, activity timetable visible and approx. 4ft above floor level? Minimum font size 14?		
Common area facilities		
Chairs accessible and arranged in groups?		
TV/radios accessible? Noise level?		
Phone, internet, books, newspapers available to all?		
Drink making facilities, water dispenser & cups? Warning signage for hot water?		

Social Aspects		
Interaction levels / quality: - staff with residents - residents with each other		
Residents' appearance: - dress - grooming.		