

HC-One Limited

Tower Bridge Care Centre

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Requires Improvement 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

We conducted a comprehensive inspection of Tower Bridge Care Centre on 1 and 8 March 2017. At this inspection a breach of regulations was found in relation to the safe management of medicines. After the comprehensive inspection, the provider wrote to us to say what they would do to meet the legal requirements in relation to this area. We conducted a focussed inspection on 1, 2 and 9 August 2017 to check the provider had followed their plan and to confirm that they now met legal requirements in relation to the breach found. We also followed up some information of concern that was received prior to the inspection. We found the provider was still in breach of the regulation relating to safe management of medicines as medicines were still not stored in line with legal requirements. We identified some concerns in relation to the information of concern.

This report only covers our findings in relation to the above. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Tower Bridge Care Centre on our website at www.cqc.org.uk.

Tower Bridge Care Centre is a care home registered to provide accommodation, nursing and personal care for up to 128 people over four floors. Some of the people who live at the home have dementia. At the time of our inspection there were 100 people using the service.

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

Procedures were in place to protect people from abuse. Staff understood how to recognise abuse and knew what to do if they suspected abuse was taking place.

Risk assessments and care plans usually contained clear information for staff. However, we found care plans did not always specify how frequently people were required to be repositioned, to reduce the risks of pressure sores. We also found there were gaps on record sheets in regards to how frequently people were repositioned.

At our previous inspection we found that there were some issues with regard to the safe storage of medicines. At this inspection we found issues remained with the storage of medicines. We also identified one error in medicines administration.

There were enough staff employed and scheduled to work to meet people's needs and keep them safe.

People were supported to meet their nutrition and hydration needs. People were supported to maintain a balanced, nutritious diet.

People were not always supported to receive personal care from care workers of the gender of their choice.

Notifications were submitted to the Care Quality Commission as required.

During this inspection we found a breach of regulations in relation to the employment of fit and proper persons. You can see what action we told the provider to take at the back of the full version of the report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not consistently safe. There were some concerns in relation to the safe storage of medicines.

The risks to people's physical health were not always identified and managed appropriately.

There were enough staff available to meet people's needs but we found that recruitment processes did not always ensure that staff were suitable to work at the service.
Procedures were in place to protect people from abuse.

Staff understood how to recognise abuse and were aware of the provider's whistleblowing procedure.

Requires Improvement ●

Is the service effective?

The service was effective.

People were supported to meet their hydration needs. People were given a choice of nutritious food.

Good ●

Is the service caring?

The service was not consistently caring.

People told us they did not always get care from care workers of the gender they wanted.

Requires Improvement ●

Is the service responsive?

The service was responsive.

People were encouraged to participate in activities that they enjoyed and their participation in activities was recorded and monitored.

Good ●

Is the service well-led?

The service was not consistently well-led. We saw evidence of monitoring in different areas of the service, but these did not include repositioning charts or pre-employment checks.

Requires Improvement ●

Notifications were sent to the Care Quality Commission as required.

Tower Bridge Care Centre

Detailed findings

Background to this inspection

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

We undertook an unannounced focussed inspection of Tower Bridge Care Centre on 1, 2, and 9 August 2017. This inspection was completed in response to some information of concern we received about the care of people using the service. The team inspected the service against all five questions we ask about services. Is the service Safe? Is the service Effective? Is the service Caring? Is the Service Responsive? Is the service Well - Led?

The inspection was conducted by three inspectors, two experts by experience and a medicines inspector. The two experts by experience, three inspectors and pharmacist inspector attended on the first day and a single inspector attended alone on the second and third days. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of service.

The first day of the inspection was unannounced. We told the provider we would be returning for the subsequent two days.

Prior to the inspection we reviewed the information we held about the service, including any notifications about serious incidents and any changes to the service. During the inspection we spoke with 19 people using the service and five relatives. Some people could not let us know what they thought about the home because they could not always communicate with us verbally. We therefore used the Short Observational Framework for Inspection (SOFI), which is a specific way of observing care to help us to understand the experience of people who could not talk with us.

We looked at a sample of 14 people's care records and records related to the management of the service. We spoke with the registered manager, the area director, three unit managers and five care workers.

Is the service safe?

Our findings

Prior to our inspection we received information of concern relating to the recruitment process in place. We identified one concern in relation to the way one staff member was recruited. Staff files showed that the relevant checks had taken place before staff members commenced their employment. We saw completed application forms which included references to their previous health and social care experience, their qualifications, employment history and explanations for any breaks in employment. However, we saw one reference for one staff member identified some issues about their suitability for employment. We spoke with the registered manager about this and she agreed that this had not been followed up at the time. The registered manager had made appropriate enquiries after this matter was brought to their attention.

This was a breach of regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At our previous inspection we identified some concerns in relation to the safe management of medicines. We found that medicines were not always stored in line with good practice. At this inspection we found issues still remained with the storage of medicines. Drugs were not always stored in accordance with the Misuse of Drugs Act Safe Custody regulations 2007. We raised our concerns with the nurse in charge and registered manager during the inspection and found action was taken to store drugs properly straight away.

At this inspection we looked at the medicine administration records (MARs) for 55 people on three different units. We saw there were appropriate arrangements in place for recording the administration of medicines. However we saw that on one occasion a handwritten entry on the MAR had not been transferred to the next cycle's MAR which meant a person missed some of their painkillers for approximately 10 days. We spoke with nursing staff who contacted the GP for further advice.

When medicines were prescribed to be given only when needed, individual 'when required' protocols, were in place. These included administration guidance to inform nursing staff about when these medicines should and should not be given. This meant there was information to enable staff to make decisions as to when to give these medicines in a way that was both safe and consistent.

The service had weekly visits by the Clinical Commissioning Group (CCG) medicines optimisation pharmacist for nursing homes. The pharmacist did clinical reviews for people and was part of the multi-disciplinary team which reviewed people's care. Both the pharmacist and GP could access people's full medical records via a computer terminal at the location.

We saw two people had their medicines administered covertly. This was managed appropriately with assessments completed and signed consent forms in place.

Medicines were stored safely and securely. Medicines requiring cool storage were stored appropriately and records showed that they were kept at the correct temperature, and so would be fit for use.

Medicines were administered by staff who had received training. We saw medicine competency assessments had been completed for those staff who administered medicines.

We saw the provider did daily and monthly checks to ensure the administration of medicine was being recorded correctly. If issues were identified an action plan was put in place. Any incidents involving medicines were recorded on the incident log and were referred to the local authority safeguarding team if appropriate.

Information about individual risks to people's welfare was included in an initial pre- admission assessment. These covered numerous areas related to the person's physical and mental health. The information within the pre-admission assessment was used to prepare care plans and risk assessments in specific areas of the person's care including wound care, catheter care, moving and handling and oral care. Each section began with an initial risk assessment which included standardised questions to help staff identify the specific areas of risk. The information from the risk assessment triggered the use of further assessments and tools which were then used to write the care plan.

Prior to this inspection we received information of concern which related to wound care. We identified one concern in relation to wound care. Assessments in relation to people's risk of developing a pressure ulcer were undertaken and these recorded whether people were at risk and what the level of risk was. If the person presented with a risk of developing a pressure ulcer a care plan was devised and if necessary, people were referred to a Tissue Viability Nurse (TVN) for expert advice and care. Care plans included advice and instructions about how to dress wounds, whether the person required any equipment as well as body maps which demonstrated where wounds were. Where care was given, this was recorded in specific 'wound management' charts as well as people's daily care records. However, we found care plans did not always specify how frequently people were required to be repositioned and this put people at risk of not being repositioned frequently enough to minimise the risk of skin damage. We also saw appropriate records were not always kept. We found care staff were sometimes using 'bed rails' check records to record whether people were being repositioned. These records were not designed for recording when people were repositioned and were therefore not consistently filled in. We saw gaps within these records of gaps of between 6- 8 hours where people were required to be turned 3- 4 hours. We spoke with the registered manager who confirmed that further training in record keeping was already in the process of being rolled out to care staff.

We also received some information of concern relating to catheter care. We found care was given in line with requirements. Specific care plans were in place that included relevant information such as the reason for the catheter, the frequency of changes required as well as any other care needed.

Prior to our inspection we received some information of concern relating to oral care. We found people received oral care as required. People had dental examinations twice a year, however, details of these appointments were not always within people's care records. We asked care staff to contact the GP to provide us with evidence that appointments were taking place and we found they were. People had oral care assessments within their files which posed specific questions about oral cleanliness and dental pain and identified specific risks in relation to people's oral care. Where risks were identified, specific oral care plans were put in place. For example, one person required full assistance with their oral care. We found their daily notes recorded that oral care was being given as required and when questioned, care staff were aware of the need to give care to this person.

Prior to our inspection we received information of concern relating to the responsiveness of care staff to call bells. We spoke with people using the service and they told us their calls bells were responded to. We found people's call bells were within reach and working. We spoke with the registered manager about call bells

and were told that due to the information of concern, call bell audits were being conducted. These prompted staff to check that bells were working, within reach and that people had capacity to use these. Where people did not have capacity to use their call bell observations were conducted every two hours or every hour if people were unwell. We observed care staff responding to people's call bells promptly during our inspection.

Prior to our inspection we received information of concern relating to the care given to manage people's challenging behaviours. We found specific care plans were in place which described people's challenging behaviour and included advice for care workers in how best to manage this. This incorporated advice received from professionals. We also saw records of incidents of behaviour that challenged the service were recorded within people's care records. We spoke with care staff about the needs of one person and they were aware of up to date advice that had been given by professionals in respect of their care. One care worker told us "We have been implementing the new advice and this is working well."

Prior to our inspection we received information of concern relating to nursing registration checks. At our inspection we found the provider monitored nurses' registration appropriately. All records relating to nursing staff were maintained and included their up to date personal identification number (PIN) which confirmed their professional registration with the Nursing and Midwifery Council (NMC). We saw that nurse's PINs were checked at the end of every month, to ensure they were still eligible to practice.

Prior to this inspection we received information of concern which related to some safeguarding incidents that had taken place within the home. These had been reported and were being investigated by the local authority. We spoke to people using the service about whether they felt safe in the home. People told us they felt safe using the service. Comments included, "I'm very happy with my safety here", "It's nice and safe here" and a family member told us "yes, my [relative] is safe here."

The provider had a safeguarding adults' policy and procedure in place. Staff told us they received training in safeguarding adults as part of their mandatory training and demonstrated a good understanding of how to recognise abuse. Staff knew how to report safeguarding concerns and explained the various signs of abuse and different types of abuse. Care staff were aware of what action they were required to take if they suspected abuse was taking place and were aware of the provider's whistleblowing procedure. Whistleblowing is when a care worker reports suspected wrongdoing at work. A care worker can report things that are not right, are illegal or if anyone at work is neglecting their duties, including if someone's health and safety is in danger. We have been liaising with the local authority safeguarding team who were in the process of conducting their investigations.

Staff told us they felt there were enough of them on duty to do their jobs properly. Their comments included, "I think there's enough staff" and "I think there's enough of us on shift." The registered manager explained that senior staff at the service assessed people's needs on admission to determine what their level of dependency was in terms of care and support from nursing and care staff. Staff were then allocated to a particular unit and individual staff members were allocated to provide care to particular people. Each unit was staffed by one nurse and one nursing assistant and approximately one care worker for every four to six people depending on the dependency levels of the people on the unit. We reviewed the staffing rota for the week of our inspection and this tallied with what we had been told. Our observations of the number of staff on duty during our inspection also tallied with the rota.

Is the service effective?

Our findings

Prior to our inspection we received information of concern relating to one person's hydration levels. We therefore checked whether people were adequately hydrated on the days of our inspection. Where people were identified as being at risk of dehydration we saw forms were in place to record their fluid intake. We found these were filled in as required.

People's care records included an 'eating and drinking' care plan which included information about people's dietary requirements and details about their likes and dislikes. We saw records that detailed people's nutritional needs and allergies. This included completion of a Malnutrition Universal Screening Tool (MUST) which identifies whether people are at risk of malnutrition or dehydration. We saw risk assessments were in place to determine whether people were at risk of choking and if a risk was identified, details of how to manage this was also included in the care plan. We saw two 'Feeding at risk' care plans which gave detailed instructions to care staff in how to feed people who ate some food for enjoyment, but otherwise took their nutrition via a Percutaneous endoscopic gastrostomy (PEG) tube. We spoke with care workers about the people these care plans related to and they were aware of the risks and how to mitigate them.

Prior to our inspection we received a complaint about the quality of food provided in the evening. At our inspection people gave mixed feedback about the quality of the food. Comments included, "The food is nice, they give us choice", "Food is alright" and "The food is so so."

We spoke with the chef about the food available. They explained that they obtained feedback about the food from people using the service and catered for their preferences and cultural requirements. The chef was aware of people's specific healthcare requirements which included those people with diabetes. The chef altered the menu each month depending on the feedback received and we saw a copy of the menu for the month of our inspection. Food was seasonal and variations were made according to the season. We found there was options available including hot food in the evening. We sampled the lunch on the first day of our inspection. The food was appetising, of a good portion and served at the correct temperature.

Staff told us they felt well supported and received regular supervision of their competence to carry out their work. We saw records to indicate that staff supervisions took place every three months. We were told by the registered manager and care workers that they used supervisions to discuss individual people's needs as well as the staff member's training and development needs. However, supervision records only included details of one training subject. For example one supervision record included details of moving and handling training techniques without any reference to any other matters of discussion. We spoke with care workers and team leaders and they all confirmed that whilst the records did not contain the full details of the matters discussed, supervision sessions covered a wide array of subjects. Care workers' comments included "We talk about loads of things in supervisions. Anything that's on my mind really" and "We talk about individuals, training, how we are. That sort of thing."

The registered manager told us annual appraisals would be conducted of care workers' performance once

they had worked at the service for one year. Staff who had worked at the service for over a year told us they had received an appraisal of their performance and we saw records to demonstrate this.

Is the service caring?

Our findings

Prior to our inspection we received information of concern relating to one person's dignity. At our inspection we identified one concern in relation to maintaining people's privacy and dignity. We found that people did not always receive personal care from care workers of the gender of their choice. One person told us "Sometimes men do come, I wasn't brought up that way with men looking at me" and a relative of a person using the service told us, "I did ask for female carers for my mum but this is not always possible." We found people's care plans contained a record of whether they had a preference for male or female care workers.

Care workers told us they promoted people's privacy and dignity and gave us examples of how they did so. Their comments included, "I know who wants a female carer and who doesn't. I wouldn't allow a male to give care to a female who did not want this" and "We have more female carers, so we do make sure people get the right carer." We observed staff speaking with people with respect and engaging with people in a dignified manner during our inspection.

Is the service responsive?

Our findings

Prior to our inspection we received information of concern relating to the provision of activities. At our inspection we found people were encouraged to participate in activities they enjoyed and people's feedback was obtained to determine whether they found activities or events enjoyable or useful.

The service employed five activities coordinators, but there were only three on duty at any one time. There was an activities programme on display within each separate unit which included both group and individual sessions and this included two sessions every weekday. Types of activities on offer included church services, dance projects and live concerts.

The activities coordinators spoke with people and obtained their feedback in relation to activities. People's preferences in relation to activities were recorded in specific activities care plans. Activities coordinators also recorded which activities people attended. We found activities coordinators had a good level of knowledge about people's preferences as well as the activities they had recently been involved with.

Is the service well-led?

Our findings

The provider had systems to monitor the quality of the care and support people received. We saw evidence of monitoring in relation to accidents and incidents, complaints and the accessibility of call bells. However, we did not see evidence of monitoring of repositioning charts and pre-employment checks.

Information was reported to the Care Quality Commission (CQC) as required.

Prior to our inspection we received information of concern relating to the running of the service in the evening. At our inspection we spoke with the registered manager who confirmed 'nightly checks' were being conducted on a monthly basis. These included a record of the observations of the night staff in their performance of their work. Where concerns were identified, plans were put in place to rectify these.

Prior to our inspection we received some information of concern relating to clinical leadership within the home. At our inspection we were told that the clinical lead had recently left the service. However, we were told that a replacement had been found and appointed. We met the replacement clinical lead on the last day of our inspection.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

| Regulated activity | Regulation |
|--|--|
| Accommodation for persons who require nursing or personal care | Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed |
| Treatment of disease, disorder or injury | The provider did not always ensure persons employed for the purposes of carrying on a regulated activity were of good character. |