

HC-One Limited

Tower Bridge Care Centre

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Tower Bridge Care Centre provides nursing care, respite and accommodation for up to 128 people over four floors. Two floors are for people living with dementia who have nursing needs, one for people who have nursing and end of life care needs and the remaining floor is a residential unit for people who are at the early stages of dementia. At the time of our inspection there were 118 people using the service.

People's experience of using this service

People were given appropriate support with their medicines and clear records were kept upon administration. The provider effectively managed risks to people's health and safety, the risk of infection as well as their risk of being abused. The provider conducted appropriate pre-employment checks before anyone started working at the service and mechanisms were in place to learn lessons when things went wrong.

People were given the support they needed with their nutritional needs. The provider worked effectively with other agencies to give people the care they needed and supported people effectively with their healthcare needs and their end of life care needs.

The provider conducted appropriate checks of people's needs and choices and incorporated these into a clear plan of their care. Care was delivered in line with current standards. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. People's equality and diversity was respected and promoted and their privacy and dignity was also met.

The provider produced a personalised care plan of people's needs and supported them to express their views and be involved in making ongoing decisions about their care. The provider had communication care plans in place and used different methods to communicate with people according to their needs.

The home was designed to meet people's needs and the provider had a varied programme of activities in place to engage people. There was a clear complaints policy and procedure in place which was adhered to and the provider acted in accordance with their duty of candour responsibilities.

Staff were given the support they needed to do their jobs which included an initial induction and ongoing training, supervision sessions and appraisals.

People gave good feedback about the service and care staff told us the culture of the service was positive. Care staff gave us good feedback about the registered manager in particular. The provider engaged people in the running of the service by seeking and acting on their feedback. The provider monitored the quality of the service and took action where improvements were required.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection:

The last rating for this service was requires improvement (published 25 February 2019).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

Tower Bridge Care Centre

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by one inspector, a specialist advisor who was a nurse with specific experience in the care of older people and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Tower Bridge Care Centre is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We reviewed the last inspection report along with notifications of significant events that the provider sent us. We used all this information to plan our inspection.

During the inspection

We spoke with the registered manager, five care workers, three nurses, a nursing assistant, a member of the housekeeping team, the chef and two members of the activities team. We reviewed a range of records. This included 12 people's care records and two staff files in relation to recruitment and staff supervision. We also reviewed a variety of records relating to the management of the service, including quality monitoring documents. We spoke with 19 people using the service and five relatives during our inspection. We also used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

At our last inspection the provider had failed to ensure the safe management of people's medicines. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found the provider was now meeting this regulation.

Using medicines safely

- At our previous inspection we found the provider was not always keeping accurate records of the medicines people were taking. At this inspection we found the provider was managing people's medicines safely and keeping proper records. People had clear care plans in place which stipulated the amount of support they needed with their medicines. Nurses filled in Medicines Administration Records Charts (MARs) after administering medicine to people and we saw these were clearly filled in.
- At our previous inspection we did not see consistent evidence that people were given PRN, or 'as required' medicines when needed. At this inspection we found this concern had been rectified as protocols were in place for 'as required' or PRN medicines. These included clear guidelines about the maximum and minimum doses required and were regularly reviewed. Where people required medicine to manage their pain, this was done with the assistance of a pain tool for people who could not verbally communicate that they were in pain. Where people used patches for the management of their pain, we saw body maps were used to record the site of the patch, along with the date of removal and the date of application.
- We observed a nurse administering medicine to people and saw this was done appropriately. We saw the nurse conducted checks before administering medicines to people, such as checking the person's identity as well as the medicine and the dose among other matters. Staff received medicine administration training every three years and their competency to administer medicines were checked annually. When spoken to, staff demonstrated a good level of understanding about their responsibilities.
- People's medicines were stored securely. Some medicines were refrigerated and we saw the temperature of fridges were checked and recorded twice a day. Controlled drugs were kept separately, in a properly constructed cabinet and separate records were kept which were signed by nursing staff twice a day. People's covert medicines were managed appropriately.
- The provider had a clear medicines administration policy and procedure in place that stipulated staff responsibilities and was reviewed annually. Covert administration had been authorised appropriately in accordance with legislation and there was a clear protocol in place which was regularly reviewed.

Assessing risk, safety monitoring and management

- At our previous inspection we found people's risk of falling was not always clearly recorded. At this inspection we found the provider assessed and appropriately mitigated risks to people's health and safety, which included their risk of falling. We saw people had personalised risk assessments in their files in relation to different areas of their health and safety, detailing the level of risk and associated care plans were

completed which included advice for care workers in how they were supposed to mitigate that risk. People had Personal Emergency Evacuation care plans in place (PEEPs). A PEEP is a bespoke 'escape plan' to assist staff in supporting people to reach a place of safety in an emergency situation. PEEPs were reviewed monthly and contained a sufficient amount of information about the level of support people needed.

- At our previous inspection we found clear records were not always kept where people needed to be turned in bed to manage their skin integrity. At this inspection we found records were kept when people were turned in bed and these demonstrated they were turned as frequently as their care plans stipulated.
- Environmental risks were managed appropriately and people's equipment was checked on a daily basis and serviced at least once a year. Care workers confirmed they conducted daily checks of equipment such as hoists or wheelchairs to ensure they were safe for use. Records also indicated that equipment was serviced annually.
- Care workers had a good level of understanding about the risks relating to people's health and safety. When we spoke to staff they explained these risks as well as how they would act to mitigate these.

Systems and processes to safeguard people from the risk of abuse

- The provider had clear systems in place to appropriately mitigate the risk of abuse. People and their relatives confirmed they were safe at the service. One person told us "I do feel safe here. They take care of all of us."
- Care staff had received safeguarding training and understood the different signs of abuse as well as what they were expected to do if they suspected someone was being abused. One care worker told us "If I was concerned about someone being abused I would go to the manager or higher."
- The provider had a clear safeguarding policy and procedure in place which outlined the provider's responsibilities. We reviewed safeguarding records and saw all incidents had been dealt with appropriately in line with the provider's policy.

Staffing and recruitment

- The provider ensured appropriate pre-employment checks were conducted before staff started working with people. We reviewed staff files and saw they contained evidence of a full employment history, at least two references, criminal record checks and people's right to work in the UK.
- People and their relatives confirmed there were enough staff scheduled to work with people. One person told us "There's always someone around when I need them." Staff also confirmed there were enough of them scheduled to work with people. Their comments included "I think the staffing is fine. If somebody calls in sick, I let reception know and they get someone to come in" and "There are enough staff scheduled to work with people."

Preventing and controlling infection

- The provider took reasonable action to prevent the risk of infection. We observed the home was clean and tidy on the days of our inspection. We observed both care staff and members of the housekeeping team continually cleaning and tidying areas of the home.
- The home employed 12 cleaning staff and there was at least one staff member on duty on each unit during the day time. Evening cleaning tasks were performed by care workers.
- The provider had a clear infection control policy and procedure in place which stipulated the provider's responsibilities. The provider had issued guidance in respect of concerns about COVID-19 and had discussions with staff members. We discussed preventative measures with one care worker and they demonstrated a good level of understanding about the potential risks and their responsibilities in his area.

Learning lessons when things go wrong

- The provider took reasonable action to learn lessons when things went wrong. All accidents and incidents

were recorded electronically on an incident reporting form. These included details such as what had happened, what immediate actions had been undertaken as a result and what future actions were taken to prevent ongoing risk. We saw these forms were filled in promptly after incidents and immediate and ongoing actions were appropriate.

- The registered manager reviewed incidents that occurred to identify any trends as well as the numbers and types of incidents that were occurring. We saw these checks did not identify any causes for concern.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- The provider regularly assessed people's needs and choices and incorporated any changes to their needs in their plan of care. All care plans were reviewed on a monthly basis and where no changes were evident to any aspect of their care needs this was also recorded.
- The provider delivered care in line with standards and the law. Staff confirmed they received regular training, supervision sessions and team meetings where they were reminded of current standards. The provider had various policies and procedures in different areas that were reviewed to ensure they continued to reflect guidance.

Staff support: induction, training, skills and experience

- The provider gave staff the support they needed to conduct their roles. Before they began working with people, care workers were required to complete an induction that followed the principles of the Care Certificate. This is an agreed set of standards that sets out the knowledge, skills and behaviours expected of health and social care workers. We spoke with one new member of staff who confirmed they were going through the induction process and finding it useful.
- Staff confirmed they received training in mandatory subjects on an annual basis and that they found this useful to their roles. This included subjects such as safeguarding adults and infection control among others. Staff told us they felt they received enough training and could also request additional training if they needed this. One care worker told us "You can request extra [training] if you need it" and another care worker said "I get all the training I need. I get a lot of support."
- Staff received quarterly supervision sessions and annual appraisals. Records demonstrated that a variety of discussions were being held within these sessions with different staff who told us they found these sessions useful to their development.

Supporting people to eat and drink enough to maintain a balanced diet

- The provider supported people to eat and drink a balanced diet that met their needs. People's care records included details of their dietary requirements, including whether they were on a specific diet or were under the care of a specialist. Choking risk assessments had been completed to identify whether people were at risk of choking and if they were, care plans were put in place with detailed advice in relation to this.
- People gave good feedback about the food on offer. One person told us "The food is nice. They give me what I want." We observed the lunchtime period and saw people were given their choice of food. We sampled the food on the second day of our inspection and found food was well presented, appetising and of a good portion.
- We spoke with the chef about the food available. They demonstrated a good level of knowledge about

people's individual needs. Dietary notification forms were completed when people first started using the service. These included information about people's likes and dislikes in relation to food as well as whether they had any particular nutritional needs. The chef was aware of people's specific nutritional needs and gave us examples of how these were met.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care;

- People's care records contained information about their healthcare needs as well as how the provider could support them. We saw details of people's medical histories as well as the conditions they currently had. We saw people had care in plans in place for both their physical and their mental health needs. For example, we saw one person's care plan contained details of their mental health condition and advice for staff to provide the person with reassurance when needed.
- Care workers demonstrated a good level of knowledge about people's health conditions, how they manifested as well as how they were required to support people with these.
- The provider worked with other agencies to provide consistent and timely care. People's care records included details of other practitioners involved in their care and the provider had their contact details in case further advice was needed.

Adapting service, design, decoration to meet people's needs

- The home was adapted and designed in a way to meet people's needs. Each unit had wide corridors that accommodated people in wheelchairs and the home was clean and tidy. We saw different rooms had clear signs indicating what they were for and people appeared to be able to navigate the different units effectively.

Ensuring consent to care and treatment in line with law and guidance

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

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- We found the provider was meeting the principles of the MCA and where authorisations were in place, their conditions were also being met. We saw people had clear mental capacity assessments in their files in areas relating to different decisions including their consent to have their photograph taken or their consent to areas of their care. Where people did not have capacity to consent, best interest decisions were validly made in accordance with legal principles.
- Care staff understood the importance of obtaining people's consent before providing them with care. We observed staff supporting people with their mobility and asking their permission before they assisted them. On one occasion, the person declined consent and we saw staff acted in accordance with this.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People and their relatives gave good feedback about the support they received and told us they were well treated. We observed positive interactions between staff and people using the service and overheard conversations that indicated staff knew people well. One person told us "The staff are very nice- I get on with everyone- we have a nice chat" and one person's relative told us "The staff are so caring. They treat my [family member] as if she was their own. Personal hygiene and appearance are important to my [family member] and the staff go that extra mile. They make sure [their] eyebrows are always drawn on. [They] get [their] hair done once a week."
- The provider respected people's diversity and supported them with their needs. People's care records included information about their differing cultural needs and whether these affected their care. We spoke with the chef and they confirmed that some people required a cultural diet that was catered for.

Supporting people to express their views and be involved in making decisions about their care

- The provider supported people to express their views and be involved in making decisions about their care. We observed staff taking time to obtain people's views in a variety of different areas including asking where they wanted to eat, if they wanted a snack or if they wanted to take part in an activity.
- People's care plans included personalised details about their care needs. Staff confirmed they asked people and their relatives various questions about their care and prioritised these details in the formulation of their care plans.

Respecting and promoting people's privacy, dignity and independence

- The provider respected and promoted people's privacy and their dignity. We observed staff provide people with care in a dignified and respectful manner. Staff knocked on people's doors and addressed them with respect. People told us staff respected them. One person told us "They are respectful and nice."
- Staff gave us examples of how they supported people in a dignified way, especially when providing people with personal care. One care worker told us "When we're changing anyone, we shut the door and shut the curtain. I do ladies nails in their rooms- unless they want to be in the lounge."

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- The provider planned people's care to ensure their personalised needs were met. We found pre-admission and post admission assessments were conducted when someone started using the service. These assessments were then used to produce a comprehensive plan of people's care. People confirmed they were consulted in relation to their care needs. One person told us "They're always asking me what I want."
- Staff confirmed people were consulted in relation to their care plans. These included details about their physical and mental health needs as well as details about their life history and the circumstances that had led to them requiring care.
- Care workers demonstrated a good level of understanding about people's personalised needs. They gave us examples of their preferences regarding food and drink, information about how they communicated as well as their routines.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The provider effectively met people's communication needs. We saw people had separate care plans which detailed whether they could communicate verbally and if not, how care workers were required to communicate with them.
- Care workers understood how to communicate with people and whether they had any differing needs. We observed one care worker effectively communicating with one person in sign language. We observed the person was enjoying their interaction and laughed at what the care worker had communicated.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- The provider supported people to participate in activities they enjoyed. We reviewed people's care records and saw they had a separate activities care plan in place which stated the activities they enjoyed. Their participation in activities were monitored and recorded to ensure they remained engaged and their risk of social isolation was reduced. One care worker told us "We keep an eye on people and would know if they hadn't left their room in a while."
- The provider employed five 'wellbeing coordinators' who ran the activities programme within the home. They obtained feedback from people with regard to the activities on offer and encouraged them to take part

in activities they thought they would enjoy. One wellbeing coordinator told us "We get to know people well and get a good idea of what activities they might enjoy."

- The provider ran a range of activities which included both indoor and outdoor events. This included trips to a café or the local shops, pampering sessions, a gentleman's club or religious services. The provider also had a contract with an external provider to deliver one to one singing and dancing to people using the service. People gave good feedback about the activities on offer. One person told us "They put on shows and they're good fun." We observed the gentleman's club and saw people appeared to be enjoying this.

Improving care quality in response to complaints or concerns

- The provider took action to respond to people's complaints and concerns. People told us they knew who to complain to in the event of having a complaint and were confident this would be appropriately dealt with. One person told us "I don't have any complaints, but I'd talk to one of the staff if there was something" and another person said "I have no complaints, but the staff are always asking if everything's alright- I'd tell them if there was a problem."
- The provider had a clear complaints policy and procedure in place. We reviewed a sample of complaints records and saw these were dealt with promptly in line with the complaints policy procedures and timeframes.

End of life care and support

- The provider took reasonable action to meet people's end of life care needs. People had specific end of life care plans in place which stipulated their needs including whether they wanted to be resuscitated in the event of a cardiac arrest or if they had any particular spiritual requirements.
- At the time of our inspection nobody using the service was in receipt of end of life care, although one person had been referred for palliative care. We found they had been prescribed anticipatory medicines by their GP and referred to the palliative care team within the last two days. Their care plan was also in the process of being updated.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The provider achieved good outcomes for people. People and their relatives gave good feedback about the care they received.
- Staff told us there was a positive culture within the service and they enjoyed working there. They gave good feedback about their colleagues as well as the registered manager in particular. One care worker commented about a member of the housekeeping team and told us "She is the best. She is so thorough." Another member of staff told us the registered manager "is very sensible. I am not perfect and sometimes I make a mistake. She says, I don't mind if you make a mistake, but please tell me the truth. She will sort it out. She says thank you for letting me know. I can trust her. She is the best."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider was honest with people when things went wrong. There were clear investigation processes for the identification and rectification of issues in service delivery. Written investigation documentation was available for safeguarding matters, complaints and accidents and incidents. The provider notified the CQC of significant events as required by legislation.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Both the registered manager and other members of staff were aware of their roles and acted in accordance with these. When we spoke with the registered manager she demonstrated a clear understanding about her responsibilities with regard to risk management, quality assurance and other regulatory requirements. The registered manager's role had expanded since the last inspection, but she had appropriately delegated tasks to other senior members of staff and was supporting them as needed.
- Care staff understood their roles in relation to the people they cared for. They gave us examples of their responsibilities and told us these were also recorded within written job descriptions. When we reviewed people's job descriptions we saw they accurately reflected staff understanding of their roles.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The provider engaged and involved people who used the service in different ways and acted on their feedback. Annual surveys were conducted of the care and these were collated, with an action plan put in

place. The provider also conducted quarterly resident's meetings and we saw minutes demonstrated that the resident survey and consequent action plan were discussed at one of these. People's relatives confirmed they were asked for their feedback. One relative told us "They always phone if anything is needed, which is nice.... They ask for feedback all the time."

- The provider also conducted monthly 'Have your say' surveys. The results of these were also collated. Due to the actions that had been taken since the last resident survey, we saw monthly surveys indicated an improvement in people's feedback. People and their relatives confirmed the provider engaged with them well and kept them informed of matters relating to the service.

Continuous learning and improving care

- The provider effectively monitored the quality of the service and took appropriate action to improve care. A variety of audits were completed in areas such as medicines administration, infection control and DoLS among others. Where issues were identified, we saw actions were put in place with timescales for completion.

Working in partnership with others

- The provider worked effectively in partnership with other professionals. We saw details recorded in people's care plans about other health and social care professionals who saw them. Communications indicated staff were in contact with professionals about people's needs and their advice was incorporated into people's care plans. This included contact with social workers, people's GPs and community psychiatric teams among others.