

# Tower Bridge Care Centre

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1 Tower Bridge, Tower Bridge Road, London, SE1 4TR

## **CQC inspection status: Inadequate**

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### **Inspection carried out on 16 and 17 June 2015**

Tower Bridge Care Centre is registered to provide nursing and personal care to up to 128 people. The service is delivered across four floors. The service provides residential and nursing care to people, some of whom have dementia.

We undertook an unannounced inspection of the service on 16 and 17 June 2015. At the time of our inspection 90 people were using the service. At our previous inspection on 25 November 2014 the service was meeting the regulations inspected.

At the time of our inspection the service did not have a registered manager. 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. The previous registered manager left the service on 21 May 2015. From 22 May 2015 an interim management team was in place consisting of two relief managers.

At this inspection we found a range of concerns. Medicines were not well managed at the service. The ordering system was inadequate and the service did not always have sufficient stocks of medicines. People did not receive their medicines in line with their prescription.

The service had reviewed their staffing levels. The numbers of staff had increased in order to maintain staffing levels which were safe for the numbers of people. However, whilst recruitment was taking place this was achieved through a reliance on agency staff. During our inspection there were a number of agency staff and newly employed staff on duty, some of whom had limited knowledge of people's needs.

People had their needs assessed and identified but they were not consistently met. Care plans and management plans were in place to minimise risks to people's safety and welfare. However, the care records for some individuals were not updated and did not reflect their current needs. We also saw that care was not always delivered in line with people's care plans and advice from specialists, particularly in relation to pressure ulcer care, nutrition and hydration was not always followed. There were delays in providing people with food and drink, and some staff were not aware of people's dietary requirements.

Staff had not received the training and support they required to undertake their duties and support people appropriately. We saw that many staff were not up to date with their training, including

delivering person-centred care to people with dementia, and there was a lack of supervision for staff. Staff felt they were not able to approach the previous manager if they had any concerns or questions, however, this had changed since the interim management team were in place.

Systems were in place to collate information about the service and people's needs which could have been used to monitor the quality of care provided. However, these systems were not being used effectively at the time of our inspection. The service did not consistently learn from previous incidents and we saw that improvement actions identified through audits were not always completed.

There were some activities taking place on the day of our inspection, however, this was limited. We saw there was little interaction with people other than when people were being assisted with care tasks. Staff were polite and friendly when speaking to people. However, some staff were not familiar with people's communication needs.

People were supported in line with the requirements of the Mental Capacity Act 2005 and 'best interests' meetings were held when people did not have the capacity to make their own decisions. Staff offered people choice and involved relatives in discussions when appropriate.

Relatives were encouraged to visit the service and we saw many friends and family visiting on the day of our inspection. The interim management team had started to engage with relatives and had tried to obtain their views about the service. There was a complaints process in place and the interim management team were in the process of investigating the complaints that had not been dealt with previously.

The management and leadership at the service needed strengthening. The interim management team were in the process of supporting staff to take more responsibility for the care they provided and contribute to the changes required to improve the quality of care.

We identified breaches of five regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. These related to: person-centred care, safe care and treatment, meeting nutritional and hydration needs, good governance and staffing. You can see what action we told the provider to take at the back of the full version of the report.

The overall rating for this service is 'Inadequate' and the service is therefore in 'Special measures'. The service will be kept under review and will be inspected again within six months. The expectation is that providers found to have been providing inadequate care should have made significant improvements within this timeframe.

**[Inspection report published 17 July 2015 PDF](#)**

## Inspection carried out on 25 November 2014

During an inspection to make sure that the improvements required had been made

Two inspectors carried out this inspection. The focus of the inspection was to follow up on previous concerns we had raised about safe medicines management and completion of care records during an inspection on 10 and 11 September 2014.

Below is a summary of what we found. The summary describes what staff told us, what we observed and the records we looked at. Due to the areas we looked at we did not speak to people using the service during this inspection

If you want to see the evidence that supports our summary please read the full report.

This is a summary of what we found:

Is the service safe?

At our previous inspection we found that detailed records were not kept in regards to people's topical medicines and that the times that medicines were administered was not always recorded. During this inspection we found that the majority of topical medication administration records contained detailed instructions about directions for use and topical medicines were administered in line with their prescription. The medicine administration records we reviewed were completed correctly and included the times of when medicines were administered.

Is the service effective?

Not reviewed during this inspection

Is the service caring?

Not reviewed during this inspection

Is the service responsive to people's needs?

At our previous inspection we found people's care records were not detailed and there was missing information in regards to people's care and support needs. During this inspection we saw the care records had been reviewed and contained detailed information about people's care and support needs, and these were regularly reviewed to ensure they reflected people's current needs. We saw records were kept to ensure people received the ongoing monitoring required to meet their needs, for example, regular repositioning for people at risk of developing pressure ulcers and completion of food and fluid charts for people at risk of dehydration and becoming malnourished.

Is the service well-led?

At our previous inspection we found care records and confidential information was not kept securely. During this inspection records were kept securely.

The registered manager undertook audits and regular checks to ensure care records were detailed and reflected people's needs. They ensured the required action was taken when areas for improvement were identified.

## **Inspection carried out on 10, 11 September 2014**

During an inspection to make sure that the improvements required had been made

During our previous inspection on 21 May 2014 we found that people were at risk of not receiving medicines safely and not having all their care needs met due to incorrect or missing information in their care records. We asked for improvements to be made. This inspection was carried out by an inspector and a pharmacy inspector to check whether the required improvements were made.

Below is a summary of what we found. The summary describes what staff told us, what we observed and the records we looked at. Due to the areas we looked at we did not speak to people using the service during this inspection

If you want to see the evidence that supports our summary please read the full report.

This is a summary of what we found:

Is the service safe?

During our inspection on 21 May 2014 we found people were not always protected from the risks associated with unsafe medicines management. At this inspection we found that some improvements had been made, however we found further improvement was required around the recording and administration of topical creams. People's medicines were stored securely and for all but one person adequate stocks of medicines were maintained.

However, we found the service did not always have information about when people's creams should be administered and staff had not always recorded when people had received the creams they were prescribed. We observed that people were at risk of not receiving doses of their medicines at the correct time. People were at risk of not receiving medicines safely as prescribed.

Is the service effective?

Not reviewed during this inspection

Is the service caring?

Not reviewed during this inspection

Is the service responsive to people's needs?

During our inspection on 21 May 2014 we found people were not protected from the risks of unsafe or inappropriate care and treatment because accurate and appropriate care records were not maintained. Whilst the provider told us they were taking action to address these concerns we found during this inspection that further improvement was required.

People's care records were not kept up to date, and contained inconsistent and conflicting information about people's care and support needs. People were at risk of receiving care that did not meet all their needs.

Is the service well-led?

The registered manager had not ensured that people's care records were kept up to date and did not ensure they were stored securely.

## **Inspection carried out on 21 May 2014**

During a routine inspection

An inspection team carried out this inspection, including two inspectors and a specialist advisor who has experience of older adults nursing. The focus of the inspection was to answer five key questions; is the service safe, effective, caring, responsive and well-led?

Below is a summary of what we found. The summary describes what people using the service, their relatives and the staff told us, what we observed and the records we looked at.

If you want to see the evidence that supports our summary please read the full report.

This is a summary of what we found:

Is the service safe?

People who used the service told us they felt safe at the service. The staff were aware of what to do if they witnessed or suspected abuse was taking place and were confident to challenge unsafe practice and report any concerns to the manager.

There were appropriate staffing levels to keep people safe, and staff had the skills and knowledge to keep people safe.

However, we found that improvements were required with the management of medicines. We found gaps in medication administration records and we could not be assured that people were receiving their medication as prescribed.

Is the service effective?

Staff demonstrated an understanding of the support needs of people who used the service, including people with dementia. A training programme had been implemented to provide staff with updated skills and knowledge to support people who used the service. Staff told us the recent training they received in wound care management had led to them being able to provide a better quality service.

People who used the service told us, "[the staff] are as good as gold. Everything is good when they are here. The staff are very polite and I feel safe here." Another person said, "The staff are not bad they are doing a good job."

However, we found that care records relating to people who used the service were in the process of being reviewed. Those that had not yet been updated were unclear and disorganised. They also lacked detail regarding people's support needs, which meant there was a risk that people did not receive the care they required.

Is the service caring?

One person using the service told us, "they look after me well." Another person said, "I'm satisfied here."

We saw positive interactions between people who used the service and staff. On the second floor there were a number of anxious people wandering around the floor and repeatedly asking questions. We saw that staff answered people's questions patiently, reassured them and spoke to them kindly and with respect.

Is the service responsive to people's needs?

Staff were busy but were responsive to people's needs. We observed people's call bells being answered in a timely manner. One person who used a call bell told us "my favourite thing is this call bell. They always come if I use it."

Staff were spending time talking with people and providing one to one interactions with people. This ensured people had someone to talk to and did not feel isolated. The staff at the home were continuing to look for ways to engage people at the service.

Is the service well-led?

Since the new manager had been in post staff commented that the leadership they were lacking was now in place. We were told about additional senior positions that had been recruited to including unit managers, and senior care assistant roles to provide leadership to different staff groups at the home.

There were systems in place to review the quality of the service provided, and we saw that areas identified as requiring improvement were being addressed.

## **Inspection carried out on 30 October 2013**

During an inspection to make sure that the improvements required had been made

We carried out our inspection on 30 October 2013 to follow up non-compliance we had identified for two regulations at our previous inspection on 15 May 2013. At the previous inspection the provider was not meeting the standards for management of medicines and supporting workers.

We found the provider had made significant progress in implementing actions to address the concerns identified at our previous inspection. There were appropriate arrangements in place to ensure that people were protected against the risks associated with the unsafe management of

medicines. Suitable arrangements were now in place to support staff through appropriate supervision and appraisal.

At our inspection on 15 May 2013 we found the provider was meeting the standard relating to safeguarding people who use the service from abuse. However, we inspected this standard again because of the volume of safeguarding casework reported on our records and concerns that the local authority commissioners had raised with us about this. We found, as previously, that there were appropriate arrangements in place to protect people from abuse. The local authority commissioners told us that despite their earlier concerns, the majority of safeguarding cases investigated had not been substantiated and the volume of cases had decreased recently.

The local authority commissioners reported to us from their monitoring visits carried out at the service that there had been significant improvement in areas of concern previously identified at the home. On 30 September 2013 they relaxed the restrictions that had been in place for placements to the home.

At our inspection we spoke with a visiting social worker who had been supporting the service following the transfer of a group of people from another home to occupy the new dementia wing at the service. They told us that after some initial difficulties the service had worked hard to settle the new people in and had brought about significant improvements in their engagement with staff, activities and other people in the home.

[View finding of report online](#)

[Inspection Report published 29 November 2013](#)

## **Inspection carried out on 15 May 2013**

During a routine inspection

We used a number of different methods to help us understand the experiences of people because some people using the service had dementia and could not contribute fully to the inspection process.

The people we were able to speak with said they satisfied with their care. One person said, "The staff are well trained and are generally available if I want to discuss things with them. If they are busy, they say they will come back to me and they do." Another said, "It's a very good home and is always kept clean and nice. The staff always listen to me, are polite and do a good job." One person was satisfied that their care needs were met but said, "The staff keep changing and I get a lot of different carers."

We found that people's care, treatment and support needs were met in most respects and we observed that staff interactions with people were mostly positive. The service worked in co-operation with other providers and there were appropriate arrangements in place to protect people from abuse.

However, we found shortcomings in the management of medicines and the arrangements for supporting staff.

[View finding of report online](#)

[Inspection Report published 27 June 2013](#)

## **Inspection carried out on 24 May 2012**

During an inspection to make sure that the improvements required had been made

We carried out an inspection of Tower Bridge Care Centre on 6 December 2011. At that inspection most people we spoke with were generally positive about the care and treatment they received. Although these views were borne out by some of the care and interventions we observed, we found concerns in the following areas of service provision: respecting and involving people; care and welfare; safeguarding; medicines management; safety and suitability of premises; supporting staff, and quality assurance.

Following the inspection, the organisation provided us with an action plan to tell us what they were doing to make improvements. We visited on 24 May 2012 to see whether they had made these improvements.

During our recent inspection all of the people we spoke with told us that they were given a good standard of service and received the care and support they needed. One person told us that they were “very happy at the home”. Another said that “the staff are very nice”. Two relatives we spoke with told us that communication with staff, cleanliness and the range of activities had improved over the last few months.

Overall, we found that the concerns we identified previously had been addressed and the home was now meeting the essential standards of quality and safety.

[View finding of report online](#)

[Inspection Report published 6 July 2012](#)

## **Inspection carried out on 6 December 2011**

During an inspection in response to concerns

The people we spoke with were generally positive about the care and respect they received from staff, the choices they had and the information they were given. They said they liked the home and staff were good at looking after them and gave them the care they needed. They said that there were things for them to do if they wanted to take part. However, one person was unhappy about how they had been treated by one member of staff and we drew this to the attention of the home manager to look into.

Although the generally positive views were borne out by some of the care and interventions we observed, our report identifies concerns in respecting and involving people; care and welfare; safeguarding; medicines management, safety and suitability of premises, staffing support and quality assurance.



Tower Bridge Care Centre was taken under new ownership on 31 October 2011. The new provider, HC-One Limited, carried out a full quality audit of the home in November 2011 and found that improvements were necessary in the quality of care and support, home environment, staffing and management and leadership. At the time of our inspection the home was implementing a detailed action plan to address these findings.