

# Health and Social Care Scrutiny Commission

Monday 2 December 2019

7.00 pm

132 Queens Road, London, SE15 2HP Rooms G05 & 6.

## Presentations

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Date: 15 April 2020.

## Summary report: *Tower Bridge Care Centre*

Our full report and the provider's response can be read at <https://www.healthwatchsouthwark.org/report/2019-05-24/tower-bridge-care-centre>

In November 2018, Healthwatch Southwark used our power of Enter and View to visit Southwark's only public nursing home, Tower Bridge Care Centre. We spent six hours at the home over two days and spoke to 8 residents, 6 visitors and 10 staff members.

### Level of care

Most residents we spoke to were positive about the nursing home, and most visitors were confident in the care provided. Most people said that staff were generally helpful and caring, and some individuals were highly praised. Staff we spoke to cared about their work and the residents. They reported taking part in a broad range of training and generally expressed confidence in current leadership, saying they felt able to raise any concerns.

### Resources

However, 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. This is felt to be an issue across the care sector. The home has said they will review volunteering with a view to extending it.

### Level of training

Staff told us that most training was done online and several mentioned a need for more dementia training. Some challenging behaviour impacting on other residents was observed in a dementia unit. Staff also referred to residents fighting. A family raised concerns that manual handling equipment was not used properly. The home's response to our report outlined the staff training currently in place. We have since discussed with commissioners the changes in support to nursing homes (for example through the Care Home Intervention Team (CHIT)) as well as reviews of some individual clients' needs.

### Maintenance

We observed the home's physical environment to be mainly safe, pleasantly decorated and clean. Efforts had been made to provide appropriate points of interest such as historical pictures, an internal garden and a hat stand. However, we noticed occasional less dementia-friendly elements, and items in disrepair, which the home tell us they have now addressed. We were also unsure of the security of the building - the home has moved the sign-in book in response to this.

## **Rodents**

Healthwatch Southwark had been alerted to rodents at the home (and associated hygiene issues) prior to our visits. During our visits we saw signs of recent mouse activity, and a visitor said they had recently seen live mice. We saw that bins in the bin yard were overflowing. Since the visit, the Council has visited the home several more times and is now reassured that the rodent problem has been successfully resolved and hygiene is acceptable.

## **Activities**

We were told of some positive activities for residents, including outings assisted by volunteers for some people. The second floor was cheerfully decorated with Christmas decorations made by the residents. However, 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.

## **Food**

Food was generally praised and was served in balanced, adequate portions. Staff were observed helping and reminding residents to eat. However, the menus we observed were traditional British food and one person emphatically said they wanted more culturally appropriate food.

## **Safety**

We did not see any visible signage identifying staff or managers in charge to residents and visitors. Some staff and volunteers were not wearing name badges or uniforms. The home tells us that information about the manager was already on display and information on other staff will be added; new badges have been ordered.

We saw no safeguarding, complaints or whistleblowing information displayed in the home - we are told that this is in residents' individual information packs. Dissatisfaction was expressed by some families about responses to specific concerns. The home has outlined feedback measures already in place.

**We hope that our visits will have provided an additional opportunity for residents' and carers' opinions to be heard anonymously and openly, and that the home will find the detailed report useful as it works towards a shared goal of providing excellent care.**

**Healthwatch Southwark sincerely thanks the commissioners, service provider and staff, residents and families for making us welcome, and for their time, contributions and responses.**

**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 report:**  
***Young Voices on Mental Health***

The full report is available on our website at [www.healthwatchsouthwark.org/sites/healthwatchsouthwark.org/files/young-voices-on-mental-health-final.pdf](http://www.healthwatchsouthwark.org/sites/healthwatchsouthwark.org/files/young-voices-on-mental-health-final.pdf)

Over the summer of 2016, Healthwatch Southwark engaged with 114 young people aged 12-23, via workshops and surveys, to find out about their experiences of mental health education and information, access to services, and where they prefer to go for support.

To assess awareness and perceptions, we asked young people what the term 'mental health' brought to mind for them. The majority interpreted the term negatively. Everyone felt that mental health was at least as important as physical health.

More disagreed (37%) than agreed (28%) with the statement 'It is easy for young people to get information and advice about mental health'. Some said that information must be actively sought out. While some saw the internet as a helpful source, many did not feel information online was reliable, locally applicable or easy to find, or feared they might wrongly self-diagnose.

The majority of participants also disagreed that their school had provided good education on mental health. While a couple of people were satisfied with information provided via, for example, assemblies, large numbers of young people in all of the groups said that they had not received anything at all. Where schools did provide information (for example around exam time), it was often inadequate - teachers were not trained in the subject and were too vague. In a few schools a potentially more effective approach had been taken, with external educators coming in.

To find out about awareness of the seriousness of mental health problems and of sources of support, we asked the young people what they would do if someone else might have a problem with their mental health. A good number said they would talk to someone close to them, a professional or voluntary organisation, but some that they would not talk to anyone or would not know what to do.

We asked who young people would feel able to talk to about their mental wellbeing. **61% agreed that they would be able to talk to their friends and 53% to their parents.** Reasons for not talking to friends included wanting to be positive, fear of judgement or awkwardness, and fear that a problem might get 'brushed off'. In one group made up mainly of young men, many said that young women are much more likely to open up to their friends. Reasons for not talking to parents included families not understanding mental health issues, perhaps because of their cultural background, families focusing on practical issues, or trying to 'joke it off'.

As with information and education provision, several workshop participants were **critical regarding support provided by schools.** Some said it was hard to access school nurses or counsellors. Other obstacles included support being predicated on the young person having academic or behavioural problems, and fears about safeguarding rules.

**Only a third of participants agreed, and over a half disagreed, that they would be able to talk to their GP about their mental health.** While some were confident in the GP and said ‘they’re professionals’, others felt their relationship with the GP was not good enough, had fears about confidentiality, or did not believe GPs could help (some did not know they even had a role in mental health support). Some feared the GP would take extreme measures such as ‘locking them in the Maudsley’, and several were unwilling to take drugs and thought they would not be offered talking therapies.

**However, only 35% of people said they would feel embarrassed if people found out they had sought support with their mental health, and 44% said they would not.** Discussions about more **general social stigma** showed that many felt this was still powerful, with for example television and traditional cultural ideas playing a part.

## Recommendations

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We asked the young people themselves what advice they would give to commissioners and providers when they consider how best to support young people around mental health, in terms of education in schools, health professionals, preventing people from being embarrassed to seek help, and sexual health services in general.

**Teach young people about mental health, in a creative and engaging way.** Several people suggested having medical professionals or external organisations come to schools, partly so that young people are more aware of sources of support. People wanted to see a range of information formats, from posters to films and social media. Information should include

- positive definitions of ‘mental health’ as well as discussion of illness
- awareness-raising about less extreme treatment-worthy mental health problems
- types of treatment on offer
- a range of illnesses and symptoms
- signposting to reliable websites, organisations and support that are applicable locally.

**Teach teachers about mental health.** Young people felt that teachers aren’t equipped to support them. We also suggest awareness-raising for parents to help them support their children and to dispel myths.

**Reduce stigma; normalise talking about mental health.** Young people felt that the NHS, campaigners, media and schools should help reduce the stigma surrounding mental illness.

**Promote mental health support services including GPs.** Services need to raise awareness about what they can offer, and give examples of when they have been effective. The NHS needs to promote the fact that GPs can be seen about mental health.

**Support young people at school.** Schools could be well-positioned to offer support for those who are struggling, particularly at stressful times such as exams.

**Improve access to talking therapies.** Young people said that more talking therapies/psychology should be offered, not just medications.

**Encourage peer and mentor support.** Some also wanted younger mental health advocates, particularly those with experience of illness, to educate them.

**Give clear information about confidentiality, and offer anonymous support.** Professionals should be clear with the young person about what referrals are being made, keep them informed, and ask their permission. Some suggested that anonymous services are needed in order for some people to seek information and support.

**Listen to young people.** It is important that young people feel understood and empowered. GPs need to be non-judgemental.

**Make services friendly for young people.** Health professionals need to know how to talk to young people. Some participants also said it was important that service environments do not feel too clinical.