



Healthwatch Lambeth
Enter and View
Lingham Court Visit Report

February 2015

About Healthwatch Lambeth



**Healthwatch
Lambeth is the
independent health
and social care
champion for local
people.**

We work to ensure your voice counts when it comes to shaping and improving services. We address inequalities in health and care, to help ensure everyone gets the services they need. We are a charity and membership body for Lambeth residents and voluntary organisations.

There are local Healthwatch across the country as well as a national body, Healthwatch England.

About Enter and View Visits

Our Enter and View programme involves visiting publicly funded adult health and social care services in Lambeth to see what is going on and talk to service users, their relatives and carers, as well as staff.

Every local Healthwatch has a legal responsibility to carry out an Enter and View programme. But we are not inspectors. Instead, we focus on what it is like for people receiving care. We provide extra eyes and ears, especially for the most isolated and vulnerable. Our visits are carried out by trained volunteers.



Visit overview



Service **Lingham Court, 10 Lingham Street, London SW9 9HF**
Extra care housing facility for 30 tenants, providing care and support to older people including wheelchair users and five residents living with dementia. The facility provides 27 one-bed and three two-bedroom flats.

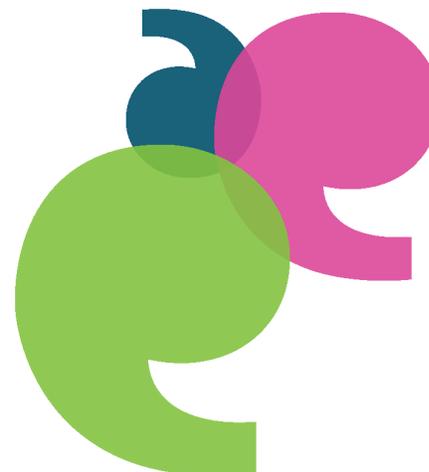
Registered provider Allied Healthcare

Landlord Metropolitan Housing Trust

Date of visit Friday 6 February 2015
11am - 1pm

Enter and View Team David Town (lead), Catherine Pearson (authorised representative), Beatrice Campbell and Kate Damiral (trainees)

Service liaison link Selina Ankle, Manager



Purpose of visit

Increasing extra care housing is a key part of Lambeth Council's strategy for supporting people to continue to live independently in their own home.

During 2014 Healthwatch Lambeth undertook a review of dementia services in the Clapham Park area of SW4¹. Two extra care housing facilities were involved in the review and the visiting team found a wide variation in the experiences of tenants.

Consequently, Healthwatch Lambeth decided to visit all extra care housing facilities in the borough during January and February of 2015. We are interested in whether this type of service improves and maintains people's independence, safety and quality of life, and in particular, whether these settings decrease social isolation and loneliness.

About extra care housing

Extra care housing is designed to support people who can manage independently with care and support. Self-contained flats with 24 hour on-site support are intended to offer an ideal environment to build up and maintain life skills and confidence. Care services are provided by staff in line with individual care

plans. However, the facility is not a care home as all the residents are tenants with associated rights, whereas residents in care homes are not given tenancies. The care provided is regulated by the Care Quality Commission but the facility itself is not inspected, and residents can choose to make their own care arrangements.

Participants

During our visit, we talked to seven tenants individually. Interviews were also held with four relatives who were visiting on the day. We also spoke to one member of staff during our visit, in addition to the service manager. Prior to the visit, questionnaires were distributed to staff and relatives. There were no questionnaires returned by staff and three were received from family contacts. An interview was also held with the manager before the visit.

To aid their observations, the Enter and View team used an adapted range of quality indicators identified by the Alzheimer's Society as useful for families when choosing a care home for someone with dementia² and also the dementia friendly assessment tool included in the patient-led assessments of the care environment (PLACE) visits for hospitals³.

¹ Details of the dementia review are available on our website:
www.healthwatchlambeth.org.uk/enterandview

² Your handy guide to selecting a care home (PDF)
http://www.alzheimers.org.uk/site/scripts/download_info.php?downloadID=1003

Location

Lingham Court is within a short walking distance from Stockwell tube station and near to bus stops with frequent services to central London locations and Brixton. There are local supermarkets, a post office and a wide range of shops and cafes within 10 metres of the building. There is a GP practice next door.

External environment

The building was opened in 2006 and won architectural awards for its design. Access to the building is from Lingham Street. There is a garden area for use by the tenants which can be reached via the lounge and dining area. This has appropriate seating arranged in clusters and provides a pleasant external environment for the tenants in warm weather.

Internal environment

The front door is secure and for visitors to gain access there is an intercom system controlled by the staff. The door entry signage is not very clear, particularly for visually impaired visitors. Once inside, all visitors have to sign in. There is a large open reception area which also has staff offices and a designated reception point. The lounge and dining areas are off the reception area. There are two lifts, two laundries and a hairdressing salon. We saw

information leaflets on the walls including information about the Enter and View visit. However, the notices were not that easy to read as the board was cluttered.

Recommendation 1

Clearer signage should be provided for the front door intercom and the noticeboard should be tidied regularly to ensure notices can be read easily.

Allied's response:

The Support Office will declutter the notice board, and ensure it is tidied weekly. We have also improved the door entry signage to be clearer.

The first impression of the downstairs area is one of calm and quiet. There was no evidence of noise from the traffic outside. The general reception area was clean and well lit, as were the lounge and dining rooms. However, the carpeting in the lounge and dining room areas closest to the windows had been discoloured by sunlight and the floor covering in the reception was worn. The Manager confirmed that the carpets were to be replaced.

Otherwise, these two rooms were comfortably furnished with the chairs arranged in groups.

³ PLACE visits
<http://www.england.nhs.uk/ourwork/qual-clin-lead/place/>

Allied's response:

We are currently waiting for Metropolitan to update us on when the carpet is due to be replaced in the communal areas.

Throughout the communal area of the building there were no unpleasant smells.

There was access to the internet and books and newspapers were available. It was noted that when tenants were not around the television remained on.

Allied's response:

The television remains switched on because clients are not able to switch it on themselves. Leaving the television on also offers stimulation to the clients within the communal area. However the television can be switched off at the clients' request.

The temperature in the building was appropriate although the Manager told us that the heating wasn't working in five flats on the day of our visit. She added that there had been other recent heating failures and fan heaters had been supplied by the landlord for tenants to use while the heating system was out of action. The Manager was concerned on behalf of the tenants about the cost of using the fan heaters and told us she had advised the tenants to use other electric heaters previously supplied instead.

Recommendation 2

The landlord, Metropolitan Housing Trust, should give consideration to finding a more efficient and cost effective alternative to fan heaters as emergency spot heating when the unified system breaks down. Tenants who need to use an emergency alternative should not be expected to foot the bill for this type of expensive heating.

Allied's response:

We raised these concerns with the new Metropolitan Housing Officer on 22 April. We will continue to have ongoing liaison meetings with Metropolitan.

Access and mobility

All flats are wheelchair accessible with wide doors and balconies large enough for wheelchair access. We met two tenants who used wheelchairs. No negative comments were made about access in the building for wheelchair users or those with limited mobility. The through ways, corridors and toilets were wide enough for walking frames and wheelchairs. Suitably adapted toilets were in easy reach of the communal areas.

Dementia friendly environment

This assessment was only undertaken in the communal areas using the dementia friendly sections from patient-led assessments of the care environment (PLACE) documents.

Floors

As is common within other care environments we have visited, the floors were covered in speckled patterned carpet and not a consistent colour as recommended by the PLACE assessment tool.

Décor

The floor colour did contrast with the walls and furniture, but the light switches did not. The toilet doors were not in a single distinctive colour and the toilet seats, flush handles and rails did not contrast with toilet walls.

There were no calendars or large-face clocks visible for the tenants.

Signage

There was clear signage showing the name of the service and room but door signs did not use both pictures and words to describe their function. Signage for toilets and bathrooms was consistent, although in some positions signs for toilets could not be seen from all areas used by residents. Signs were approximately 4ft from floor level and signs on doors were at eye level as recommended.

Recommendation 3

Consideration should be given to providing an easy to read clock and calendar with both day and date displays in the communal area to help orientate residents. All signs should include pictures and words.

Allied's response:

We will liaise with the Healthy Living Café, to provide us with further recommendations on signs, pictures and words, and also where to position the communal clock.

Meeting with residents

The tenants had been informed of our visit and we met with five residents in the lounge. We met two other tenants at their request in their flats. During the visit the Manager made herself available to answer our supplementary questions. She also supported the tenants we met in the lounge by encouraging them to give their views and providing them with refreshments. The tenants appeared to be alert and interested and were properly dressed and groomed. During our discussions with the residents we noticed that the staff spoke to the tenants appropriately and in a kind manner, and were tactful when it came to helping them use the toilet.

Tenants' flats

To access the flats there are lifts available as well as stairs. On leaving the lift there are large open areas on the landing which have comfortable seating arrangements in the central space. We were informed by a staff member and relatives that tenants often sit in these areas in order to talk to other residents, staff and visitors.

The two flats we visited were spacious and comfortably furnished by the tenants. They had separate bedrooms, a living room, a height-adjustable kitchen and a balcony. One tenant was a wheelchair user. The flats were in good decorative order and tidy, and there were no unpleasant smells. One of the tenants was cooking a meal when we visited. One family member in their survey commented that their relative's flat was always "*spotlessly clean*".

Quality of care

There was a general consensus from tenants that they are satisfied with the services at Lingham Court. One commented: "*It's a very nice place, so far. I've lived here for a year.*" Another said "*I have lived here for four years and there have been no changes.*"

Comments from relatives varied. One family told us: "*It is very good. We have had other relatives who needed care who have not had anything like the support my aunt has here. They are very nice.*" Another family member

said that her mother "*quite liked it*", whereas other relatives said they had "*mixed feelings*".

Personal care

When the issue of personal care was raised, five of the seven tenants we spoke to confirmed they received assistance for a variety of tasks like getting washed dressed and help with meals. Residents felt that the staff had enough time to do the tasks but one told us that her daughter thought she didn't get enough time. Three of the tenants confirmed that they were supported in choosing what to wear.

The responses from relatives raised some issues. One respondent felt the quality of personal care could be better. Another said that the incontinence pads used for her relative are not adequate enough to last in between visits, so when the relative visits the tenant, they find she has become wet and soiled.

Allied's response:

Clients' incontinence pads are provided by the district nurse through a referral and assessment process. If the pads are seen to be unsuitable, staff or the next of kin can request for the district nurse to complete a further assessment. We have requested for social services to review all the clients' packages of care.

Another family member said that their relative is always spotlessly clean, and her incontinence bedding is washed every day.

A fourth felt that the carers didn't always check whether her relative eats properly: *"Although she cooks for herself she forgets to eat regularly or to put food in the fridge."* The relative confirmed that this had been raised with the Manager and that Lambeth Social Services had been asked to review the care plan to address concerns about the tenant's growing confusion.

Allied's response:

Social Services have now reviewed and verbally agreed to increase this client's support plan. Although the social worker has not provided us with an updated support plan, we will continue to encourage the client to have lunch provided by the lunch club. Due to the client once having a high level of independence, the client is now reluctant to accept further care and support, particularly with meal preparation.

One relative identified a problem in that only two carers were accredited by the district nurses to administer eye drops, so if they weren't on duty her mother didn't receive her eye medication. She also commented that her relative sometimes needed an enema but the carers did not know how to identify when she needed it.

Recommendation 4

The care service should review shift rotas, staff competencies and training needs to ensure appropriately trained staff are always available to administer medication and procedures as and when required by tenants.

Allied's response:

Prior to a care worker administering eye drops, a referral is made to the district nurse to sign the carer off. The Allied Health Care Service Delivery Manager is also going to provide a training session on administration of eye drops to all staff on site by 30 June 2015. We ensure a minimum of two carers per shift are trained and competent to administer eye drops.

Carers are not able to determine whether a client requires an enema. The GP is contacted to diagnose when a client requires an enema.

One family member told the visiting team that the GP had suggested their relative might need more care than Lingham Court could provide. However, the relative said: *"A lot of the responsibility for her care falls on us and I think the carers need to be more flexible so they can fit around my relative's changing needs."* The family member also expressed concern that the tenant may exceed the financial threshold of her care package if her care plan was reassessed or she was moved to another facility.

Allied's response:

In a case where a client has exceeded their care and support hours to remain living in extra care accommodation, the support office or the client/next of kin would contact social services to request a review of the client's care and support needs. A joint meeting would be arranged with the client, next of kin and the manager to determine whether the client is able to continue living in Lingham Court or requires reassessment to move into a care/nursing home. Clients and family members will be informed about this process at the next Manager's Surgery Meeting on 19 May 2015.

The Manager said that when people's needs changed and it was agreed with Lambeth Commissioners, they did not wait for the paperwork but just got on with providing the increased level of care. She said that it usually took about two weeks for the paperwork to be sorted out. The Manager added that when any health or social care issues arose for the tenants, it was sometimes problematic and time consuming having to deal with them, as it required getting responses from a variety of different agencies.

Allied's response:

We are currently reviewing each individual client support packages. Since the Enter and View visit we have noticed that the timescale of receiving the paper work/support plan from Social Services has now varied.

Although this is the case we will continue to deliver the service in order to meet the clients' individual care and support needs.

The Manager confirmed that staff were expected to use an early warning screening system on their daily visits to the tenants to look out for any changes in their health and care needs and record these.

However, it was not clear to us at what point the threshold is reached to trigger a decision to review a care plan. It is also not clear whether tenants' family can trigger the review or whether this can only be done by Allied Care. The Manager did tell us that Allied was usually the first point of contact for families and friends when they had any concerns about residents' needs.

Recommendation 5

Allied should consider collecting information on a regular basis from family and friends about the tenants and add this to the early warning screening system. It should also consider clarifying the information it provides to tenants and their families about the thresholds that can trigger a care review and who can request a review.

Allied's response:

We will encourage clients' friends and family members to follow the Allied Health Care early warning system procedure (a screening tool for carers to spot early signs of change or

deterioration of health) at the next Managers Surgery meeting.

Clients' care and support needs are monitored daily. We request for clients to have a review if a client has deteriorated or becomes more independent. This is reflected in whether the client care hours consistently go over or under their daily planned hours, which is also recorded within the Lambeth monthly work book. Next of kin have been provided with Social Services' contact details so they can also contact them directly when necessary. We will remind clients and family members about this at clients' future quarterly meetings.

Safety

All seven tenants we spoke to confirmed that they felt safe at Lingham Court. One tenant confirmed that there was an emergency call bell system in case she needed help. We also noticed some tenants have pendants to wear to call for assistance.

Three relatives said they felt that their relative was safe, one said their relative was not safe and another was unsure. One family member commented: *"They are kept safe but I don't trust some of the care staff"* adding later: *"You can't leave any money or valuables around, sadly"*. Another told us: *"Our relative is safe but she's left the kettle on the stove and burnt it a couple of times. I've taken it away and am getting her one with a whistle*

but the carers should have checked [the kettle] during their morning visits."

Allied's response:

Tenants are encouraged to wear their pendants daily. Clients and family members are aware of the Lingham Court safe policy procedure, and are encouraged to store their money in the support office safe, particularly clients who have Alzheimer's, who are not able to manage their money or finances independently.

Carers will be reminded to observe if a client's kettle is burnt, and to check the kitchen equipment, particularly the clients who independently use their kitchen unsupervised.

Other relatives said *"We have 100% confidence in the staff"* and *"When I leave I know she is going to be OK. We just want her to be safe, for her not to be at risk of abuse."*

The Manager confirmed that the service attempts to support tenants to be as independent as possible. She told us that if tenants with memory problems want to leave the building unaccompanied, the staff will try to divert them and if this fails, staff accompany them outside to persuade them to return.

Resident input

Feedback from relatives on whether tenants had any involvement in influencing how the service was run was inconclusive. We received comments like *“Unsure, I doubt it”* and *“No, she’s not capable”*. The tenants were also less certain about opportunities to have their say, although one said *“I go to residents’ meetings. I don’t have any ideas for improvements. It’s all OK, no complaints, no trouble.”* The Manager confirmed that there are quarterly tenants’ meetings where issues like repairs and suggestions for lunch options are discussed.

During the quarterly meeting, tenants are also given the opportunity to give feedback on their care and support, complaints, compliments, suggestions and ideas on the scheme future events and activities.

Meals

There are a range of meal options available to tenants including preparing their own meals, having support from staff to do this, and having a meal downstairs at the lunch club. There has been a recent change of catering contract which has resulted in the costs of the meals increasing. The Manager said that many of the residents were unhappy about this.

Five of the seven tenants we spoke to told us they had lunch downstairs regularly. The other two residents had meals in their own flat. Comments included: *“I sit in the lounge in the morning, I have lunch and then go to my flat”*

and *“I sometimes have food in the dining room - my favourite is fish and chips or eggs and bacon”*. One relative commented that they would like to see the weekly menu planner so they would know what their relative had eaten.

Allied’s response:

Feedback was reiterated to the catering company, after the client and the relative had raised this complaint. We will continue to inform the catering company of all future feedback from the clients and next of kin. The menu is also displayed on the communal notice board.

Friendships and visits

The tenants did not give us the impression that they had strong or regular friendships. Comments included: *“I see my neighbours every day but we don’t visit each other”* and *“No one special - I suppose my carer is my most important person.”*

One tenant told us that there was a mix of people at Lingham Court but did not elaborate. Another said *“People come to talk to me like you are talking to me but we don’t sit together as a group”* then added: *“I don’t feel lonely. The carers are good.”*

Two relatives stated that their family member had no friendships, while another said they were unsure as their relative sat in the lounge every morning and had tea and biscuits and

then stayed for lunch before returning to her flat for a rest. They felt that she enjoyed having lunch with the others as well as simply sitting and watching other tenants.

One family member said that her relative had one good friend and she felt lonely on the days her friend went to an external day centre without her.

Three tenants confirmed that they received visits from various family members, while the others told us they had no visits. The Manager said that about half the tenants had contact or visits from family, although the frequency of visits varied. One relative told us: *"We can visit whenever we like. We have a front door key so we just come and go when we are here."*

Activities

Lingham Court offers a range of activities throughout the week. The Manager confirmed that tea and coffee are available in the communal area four days a week between 10am and 12pm. There are also activities on Mondays 12pm-2pm organised by the Activities Co-ordinator employed by the Council. Tuesday art classes had been organised through Morley College but had recently ceased. However, the Council was looking for someone else to run these. On Wednesdays there is a Healthy Living Club offering exercise and entertainment activities run by an independent charity. These sessions are open to any

tenants with a support plan, plus other people with dementia and their carers living locally.

Two tenants told us they take part in the activities on offer: *"I go to the exercise classes on Mondays downstairs"* and *"I go to the Alzheimer's thing [the Healthy Living Club]."*

When we asked about how they spend their time, others told us: *"I sit in the lounge and have biscuits"*, *"I watch the world go by from my window because I have a nice view"* and *"I like watching cartoons on the TV."*

Two people said they would like to play dominos, one added: *"But there's no one to play with here."*

Three families confirmed that their relative took part in activities, but one said *"Not very often anymore"*. One family thought that arranging for the Healthy Living Club to meet in the lounge was a particularly good idea as it brought people together.

Allied's response:

Allied Health Care is currently sourcing more activities for Lingham Court. We will continue to encourage clients to attend activities, in order to interact with other tenants to play dominos and board games. We have also requested to have a volunteer to provide activities with the clients: Metropolitan is recruiting a suitable candidate.

Opportunities for residents to go out seemed very limited, apart from day centre visits included in individual care plans. One resident said they went for a walk most mornings and another mentioned they went to church sometimes, but later said he didn't. Two tenants told us they would like to go to the seaside and another said that she would like to go shopping. For most of the tenants, going into the garden seemed to be the only regular opportunity they had of leaving the building, and that depended on having warm weather.

Staff

The staff were friendly and appeared kindly towards the tenants during our time at Lingham Court. The relatives were generally positive about the staff team. One relative said: *"The carers don't get enough time, but they work their socks off. X is on the ball, she is as good as a nurse."* Another family said: *"The carers vary - some need to be more attentive on occasions"*. Another commented that they tend to see different staff on each visit, while others told us: *"We know all the staff now and can talk with them. All very approachable."*

The Manager told us that staff are recruited through the branch office and then allocated to the service. Any temporary shortages of staff are covered by the existing team. She also confirmed that many of the staff had been working in the service for a number of years, particularly the night staff.

One staff member told us during the visit that she enjoyed the work and felt supported by the Manager. However she felt that sometimes the carers were pushed for time, particularly if they adapted to people's changing needs on a daily basis. She added that one person she visits has 45 minutes allocated but she felt that was not long enough. She explained that all staff log the time they spend with each client, as well as the work that they have done. She confirmed that these records are kept in the tenants' flats so that tenants and their families can access them. One relative told us that she always looked at these notes.

Other local services

The Manager stated that Allied is keen to keep residents at Lingham Court for as long as possible and, where they have been hospitalised, to take people back - but only if the facility could meet their needs. She said that she has had to insist on an assessment at the hospital to ensure that tenants were fit enough to return.

Several families told us their relative had been in hospital. One said that their relative was less confident now, following surgery and a fall, and didn't go out any longer. Another said that after being discharged, their relative was no longer able to walk and has to be hoisted at all times in order to move him.

A third said: *"I feel the ambulance is called too often. I feel if staff noticed symptoms*

earlier, a GP could often deal with the situation and save the trauma of going into hospital. More staff training is required.”

Allied’s response:

The ambulance is called when a client has a fall and is not able to be transferred off the ground without a staff member having to lift the client. The early warning system is also used to prevent the ambulance being called frequently. All concerns are also highlighted and discussed during the daily handover meetings.

The Manager stated that the local GP practice did not want to register any new patients from Lingham Court and did not want to do home visits. Tenants who were registered with this practice had to be escorted to appointments and could wait up to an hour to see the GP. One relative told us: *“I don’t feel the GP is sent for as often as they should be.”*

The Manager told us she had received a request from the GP practice that they be notified in the first instance when a tenant had a fall rather than the emergency services, in order to reduce admissions to hospital. An arrangement was instead agreed that the GP practice would be notified after the emergency services had been called.

Tenants told us that they have their medication delivered to Lingham Court by the local pharmacy. An optician visits the scheme and there are regular visits from a chiropodist. One

family commented: *“Mum’s feet were very bad at one stage - the personal care is not always good enough.”*

Allied’s response:

A referral is made to the community podiatrist to provide a service to the clients who are housebound. The community podiatrists do not provide a service directly after each referral, due to having a waiting list. Clients who are able to access their local GP are able to have this service from the chiropodist every fortnight with support from a staff member or next of kin.

A number of relatives commented that their family member did not require the services of a dentist because their relative had dentures.

Recommendation 6

As dentists also maintain dentures and check the soft parts of the mouth to spot any infections and other mouth conditions in routine check-ups, it is still important for all the residents to see a dentist regularly. The manager should explore what arrangements can be made to improve access to dental services for tenants, particularly for those who have difficulty with mobility or dementia.

Allied’s response:

We have referred the clients who are housebound to the community dentist who visits the clients in their home. Clients also attend the dentist within the local

community. We will reiterate this service to all clients on site, and ensure the service is also advertised around the scheme. A review of each individual client will also be completed.

Conclusion

The visiting team found that tenants living at Lingham Court are safe and appear satisfied with the care they receive, and most relatives who gave us feedback agree. However, specific comments and observations suggest that a review of staff skills and some care packages would be beneficial.

Allied's response:

Currently all care staff complete the following compulsory training: moving and handling, medication, food handling, Infection control, first aid, safeguarding adults, health and safety, fire prevention. The Healthy Living Café also provides annual training on dementia. A training analysis will be completed for each individual staff member, which will be discussed during their supervision and appraisals.

Overall, Lingham Court appears to be well managed, with the built environment and the care we observed generally of good quality. The Manager demonstrated a genuine concern for residents' wellbeing and a commitment to advocating in their interests.

The Healthwatch Lambeth Enter and View visiting team would like to thank the staff of Lingham Court for their patience, courtesy and openness during our visit. The period of time we spent with the staff and residents allowed us an opportunity to observe, albeit briefly, the work of the staff and the daily experiences of the tenants.

Extra Care Housing Report

Healthwatch Lambeth will provide an overarching report to Lambeth Council summarising what we have found to work well and what works less well. This report will draw on the feedback of residents from all five of Lambeth's extra care facilities that we have visited through our Enter and View programme.

The report will be published in late spring 2015 and will be available from our website: www.healthwatchlambeth.org.uk

Recommendations

For ease of reference the recommendations appearing in the body of the report are repeated below:

Recommendation 1

Clearer signage should be provided for the front door intercom and the noticeboard should be tidied regularly to ensure notices can be read easily.

Recommendation 2

The landlord, Metropolitan Housing Trust, should give consideration to finding a more efficient and cost effective alternative to fan heaters as emergency spot heating when the unified system breaks down. Tenants who need to use an emergency alternative should not be expected to foot the bill for this type of expensive heating.

Recommendation 3

Consideration should be given to providing an easy to read clock and calendar with both day and date displays in the communal area to help orientate residents. All signs should include pictures and words.

Recommendation 4

The care service should review shift rotas, staff competencies and training needs to ensure appropriately trained staff are always available to administer medication and procedures as and when required by tenants.

Recommendation 5

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