



**Healthwatch Lambeth**  
**Enter and View**  
**Dulwich Care Centre Visit Report**

June 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

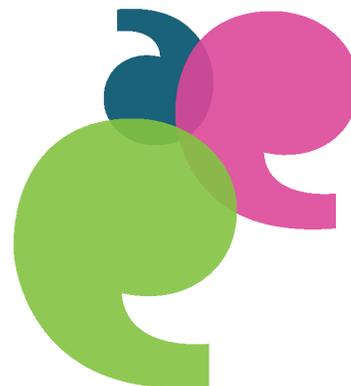
Our Enter and View programme involves visiting publicly funded health and social care services in Lambeth to see what is going on and talk to service users, their relatives and carers, as well as staff.

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 and police checked volunteers.



## Visit overview

Service	<b>Dulwich Care Centre, 93 Knollys Road, London SW16 2JP</b> Nursing home for 93 residents, providing nursing or personal care to older people including people with physical disabilities and people living with dementia. At the time of our visit, there were 52 residents, the majority of whom were living with dementia.
Registered provider	TD Bailey Investments Ltd
Date of visit	Tuesday 30 June 2015 4pm - 6pm
Enter and View Team	David Town (lead), Beatrice Campbell, Kate Damiral, Janaki Kuhanendran, Catherine Pearson, (authorised representatives), Yvette Johnson and Jacqui Dyer (trainees)
Service liaison link	Fiona Eccles (Acting Centre Director) and Steve Winter (Regional Director)



## Purpose of visit

Dulwich Care Centre was rated inadequate by the Care Quality Commission (CQC)<sup>1</sup> in November 2014. The rating echoed similar findings by Lambeth Council's Care and Contract Management team around the same time. Healthwatch Lambeth had also received two anonymous complaints about the quality of care and staffing levels at the Centre in the preceding six months.

Following the CQC rating, the provider brought in a new interim management team to turn the service around. Healthwatch Lambeth attended a series of meetings in January held by the Centre for relatives. From what we heard from family and friends at the meetings, we were concerned by:

- The prolonged period of poor quality care delivered to residents
- The low number of formal complaints received by the Centre compared with the high volume of concerns we heard from friends and family.

### Initial recommendations

While we welcomed the new management's commitments to improving the service, we produced four recommendations for developing stronger accountability processes for the service:

1. Commit to measure the day-to-day wellbeing of residents.
2. Review and refresh the organisational complaints process.
3. Provide more opportunities for people to give feedback.
4. Local authorities should include residents' and relatives' feedback as a key performance indicator in contract management and monitoring.

We also committed to carry out an Enter and View visit six months on, to find out what progress had been made since the change in management in January 2015 and to see how the Centre had responded to our recommendations.

The Centre's response to our initial recommendations are included in the body of the report.

### ***Lambeth Council's response to recommendation 4:***

*London Borough of Lambeth are host borough for Dulwich Care Centre. Contract monitoring will include feedback from residents and relatives as an outcome measure of the service.*

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<sup>1</sup> CQC inspection reports of Dulwich Care Centre: [www.cqc.org.uk/location/1-162988139](http://www.cqc.org.uk/location/1-162988139)

## Participants

During our visit, we went into all three suites that were operational at the time (a fourth suite, Stuart suite, was closed for refurbishment). We talked to 20 residents individually, one family member and a resident's friend who were visiting, and four members of staff (three carers and the Activities Coordinator). We also held an interview with the Acting Centre Director a week before the visit. Prior to the visit, questionnaires were distributed to staff and relatives. Eight completed forms were received from family, but no questionnaires were returned by staff. The Centre also shared the results of its resident survey from April 2015, which included responses from friends and family.

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 dementia<sup>2</sup> and the dementia friendly assessment tool included in the patient-led assessments of the care environment (PLACE) visits for hospitals<sup>3</sup>.

## Location

Dulwich Care Centre is situated on a quiet residential road between Streatham and Tulse Hill. There are no amenities immediately

nearby and the Centre is a distance from bus routes and train stations.

### External environment

The entrance to the Centre is accessed from the street by a short series of steps or a ramp. There is a large garden at the back of the Centre for use by the residents which can be reached via the lounge in the lower ground floor suite. There is a patio with tables and chairs, surrounded by a sloping lawn bordered by mature trees.

At the time of our visit, although the overall area was attractive, the garden furniture and patio area looked tired and was potentially unsafe. The large plastic table on the patio had a broken side with jagged edges and two upright wooden chairs by the wall had ill-fitting joints. A fence between the patio and a steep grassed incline was broken and some paving slabs were uneven.

There is also a balcony for residents on the second floor which could be made attractive, but on the day of our visit, all the plants were nearly dead.

## Recommendation 1

The garden area should be risk assessed and hazards removed as soon as possible to ensure residents' safety. The Centre should consider

<sup>2</sup> Your handy guide to selecting a care home (PDF) [www.alzheimers.org.uk/site/scripts/download\\_info.php?downloadID=1003](http://www.alzheimers.org.uk/site/scripts/download_info.php?downloadID=1003)

<sup>3</sup> PLACE visits [www.england.nhs.uk/ourwork/qual-clin-lead/place/](http://www.england.nhs.uk/ourwork/qual-clin-lead/place/)

investing in new suitable garden furniture for the patio and ensure balcony plants are cared for. The Centre could also consider involving interested residents in suitable gardening activities.

**Provider's response**

*The garden has been risk assessed and measures set in place to improve the safety for residents. The Balcony area has been improved and residents are now encouraged to enjoy using this area.*

**Internal environment**

The front door is secure and for visitors to gain access there is a bell with an automated door controlled by staff at the reception desk. There is a good sized reception area which has the Centre Manager's and administration offices leading from it. A lift and stairs to the three other floors are situated in the corridor beyond, which also leads to one of the suites. There is an access code to operate the lift and to open the door to the stairs on each floor.

There was no noticeboard in reception but the complaints policy was on display along with a series of certificates. There were several easy chairs, a few pot plants and tea and coffee making facilities. During our visit, one resident came to sit in the reception area to watch people pass by. The reception staff said the resident likes to sit there regularly. A poster with information about the Enter and View visit was on display in the corridor by the lift and stairs.

After the visit, the provider told us the complaints policy was also displayed on each floor and a suggestions box had been provided on the ground floor.

The first impression when entering the building was of a calm and quiet environment. There was no traffic noise. The reception area and foyers and lounges on each floor were clean and well lit. Each lounge was comfortably furnished with chairs arranged around the edge of the room. The TV was on in all three suites and books were on display but no newspapers. One of our visitors was shown the daily newsletter produced for residents and visitors by the Activities Coordinator.

On the whole, there were no unpleasant smells although, at one point, there was a strong smell of urine when entering the lift on the ground floor.

The visit took place on a very hot day and the Centre felt cooler than the outside temperature. All our visitors were offered a drink.

We were invited by one resident into their bedroom and we saw several other bedrooms through open doors from the corridor. The bedrooms were clean, tidy and uncluttered, and had a range of different furniture and possessions on display. There was a phone and call system in the room we visited.

## Access and mobility

The building was fully wheelchair accessible with wide doors large enough for wheelchair access, including to the balcony and patio. 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. We visited bathrooms on each floor: all but one were clean and well maintained. However, in one toilet on the ground floor, an unsealed plastic bag of soiled items and waste material was found. This was brought to the attention of the staff who dealt with it immediately.

## 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.

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<sup>4</sup> Dementia-friendly Health and Social Care Environments:  
[www.gov.uk/government/uploads/system/upl](http://www.gov.uk/government/uploads/system/upl)

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

We saw calendars and clocks visible for the tenants, although one of the clock faces was not easy to read or very large.

### Signage

There was clear signage on doors but not all signs featured pictures as well as words to describe their function. Signage for toilets and bathrooms was consistent and most could be easily seen. Most signs were approximately 4ft from floor level but signs on the doors to the stairs were much lower than this recommended level.

## Recommendation 2

The Centre should ensure through its cyclical decorations programme that all decoration schemes and furnishings are dementia friendly, as specified in the Department of Health's recently published Health Building Note 08-02 Dementia-friendly Health and Social Care Environments<sup>4</sup>.

### Provider response

*We will take the relevant guidance into consideration at the time of any future refurbishments.*

[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/416780/HBN\\_08-02.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/416780/HBN_08-02.pdf)

## Meeting residents

During our visit, we spoke to residents on each floor but many had limited capacity to communicate, so conversations were quite limited. Some residents seemed alert and able to interact, others less so.

Seven residents said they liked living at the Centre, mentioning how they enjoyed looking at the view and talking with other residents in the lounge. One person expressed concern about leaving: *'I like living here. I am a bit concerned that when I get better they will have to find me another place.'* Another six residents were more ambivalent. Comments included: *'Not forever'*, and *'Got used to this place - don't know anything else'*.

Three residents told us they weren't happy: *'I hate living here, I want to get out'* and *'I would want to live in my own place.'*

### **Provider response:**

*The resident who is quoted saying 'I hate living here' lacked mental capacity and had been told by her allocated social worker that her placement at the home was 'temporary' for three weeks. In the event, that placement lasted over eight months despite regular intervention from the care centre with social services to resolve the issue.*

## Residents' wellbeing

To help build a picture of residents' general wellbeing, we asked family members and friends if they felt their relative was comfortable, healthy and happy. Four said yes, four said partly and one said no. Three respondents said that their relative was unhappy due to their dementia.

All four staff we spoke to during our visit said they knew the residents well and two told us they felt they had a good understanding of residents' wellbeing: *'We look after them every day and get to know if they are going downhill'* and *'I know their likes and what makes them annoyed. I know how to calm them down'*.

However, the Acting Centre Director told us there was no formal mechanism for recording residents' wellbeing and we reiterate our previous recommendation for the Centre to explore methods to do so.

## Recommendation 3

The Centre's management team should develop a process for assessing and monitoring the general wellbeing of residents, not just their physical needs. Potential resources could include the National Institute for Health and Care Excellence (NICE) quality standard for the mental wellbeing of older people in

care homes<sup>5</sup> and the Adult Social Care Outcomes Toolkit<sup>6</sup>.

#### **Provider response**

*The Centre takes the greatest care of all of its residents. Staff are trained to undertake regular clinical assessments of individual residents' health and clinical needs. Those assessments are utilised to ensure suitable staffing levels and to alert other healthcare agencies to the need to be involved in holistic patient care.*

*It should also be noted that two thirds of residents are placed in the home on a 'residential' basis - ie not a 'nursing care' basis. Nonetheless - the more general 'wellbeing' of all residents remains a high focus for the Centre and the newly appointed Centre Director will be considering how better we can manage those issues.*

## **Safety**

Seven of the residents we spoke to said they felt safe and one said sometimes. Comments included: *'I feel safe and have no problems'* and *'It is not perfect but nothing untoward has ever happened.'* One resident described how they was afraid of the dark but said *'The carers tell me off for leaving the light on at night'*. The resident also told us they were frightened of another resident who rams them from behind with their walking frame.

<sup>5</sup> NICE mental wellbeing of older people in care homes quality standard: [www.nice.org.uk/guidance/qs50](http://www.nice.org.uk/guidance/qs50)

All 10 families who fed back to us said they believed their relative was safe at the Centre. One person said their relative was *'safer than before'* having been moved from another floor where other residents (people living with severe dementia), were *'a lot more violent'*. Another relative added: *'I would like to know how regularly he is checked up on in his room.'*

#### **Provider response**

*The home has a clear policy on sharing information with relatives. Our latest round of relative meetings has impressed upon all attendees (and all other relatives via the circulated minutes of those meetings) that questions of this kind can be resolved at any time. Care plans and associated records are open for inspection by relatives - and so the matter of knowing how many times a resident is checked - is easily resolved a) by asking and b) by checking with any staff member on duty on any particular date in regard to any dates in the previous month.*

## **Quality of care**

When we asked residents about their care, their comments were mostly about the staff. Eight people were positive about or accepting of the staff. Comments included: *'They are nice and kind'*, *'X makes sure things are alright here'* and *'The staff are friendly and will do things for you when you ask'*.

<sup>6</sup> Adult Social Care Outcomes Toolkit [www.pssru.ac.uk/ascot/index.php](http://www.pssru.ac.uk/ascot/index.php)

However, one person described staff as *'a bit chilly'*.

Four residents told us that they do routine tasks such as washing and dressing themselves: *'I can still manage my personal care but I know I can get help if I need it.'* One resident told us they felt they got less care than the others and this was unfair.

We did not receive any other feedback from residents on their care but, during our visit, we observed that all residents were properly dressed and groomed - except one person who was wearing a dirty top and whose hair and nails seemed uncared for. We also saw two residents with teeth in poor condition and another with unkempt hair.

As family members and friends had expressed serious concerns about the quality of care at the relatives' meetings in January, we asked them how they felt about the service six months on. All respondents identified some improvements. Comments included: *'Routine work eg assistance with showers and changing has improved considerably'* and *'My sisters used to take my mum's sheets home and wash them; now we don't do that as much because things have got better'*.

Another fed back: *'[My relative] is unsteady on her feet so they have spent time encouraging her to use a zimmer frame and brought a physiotherapist in to help with this.'*

However, two relatives told us that they felt the level of care had dropped off in recent weeks since the initial management change. Another reflected: *'[The Centre is] trying hard to correct former problems which realistically take time.'*

## Staff interactions with residents

During our visit, we observed staff interacting with residents in a range of ways. We saw carers being attentive towards residents, chatting to them and supporting those with dementia to understand where they were. We saw carers support residents to eat at meal times and observed several staff gently prompting and supporting residents to go to the toilet. Carers demonstrated considerable patience, and conversations with residents were courteous and respectful.

A number of residents from the upper floor suite were taking part in organised activities downstairs, resulting in a high ratio of staff to residents which enabled more personal and focused interactions.

On this floor, we witnessed staff encouraging residents to join in an ad hoc singing session from taped, age-appropriate music. There was a lot of laughter and encouragement from staff and the residents were engaged with them and singing.

Whilst carers were interacting with residents, one of the team leaders remained positioned at the work station and did not seem to be

actively overseeing proceedings. Several opportunities were missed for the team leader to demonstrate appropriate behaviours to other staff members, in terms of interacting with residents, and identifying and addressing issues in response to their needs. Given that there was less pressure on the staff at that time due to the staff-to-resident ratio, this could have provided an ideal opportunity for the team leader to reinforce good practice and promote peer-to-peer learning.

In another observed interaction, a carer was feeding a resident in a sensitive manner but did not speak to the resident at all. While this may have been an appropriate technique to help that particular resident to focus on the task in hand, we would hope this was not a typical approach to supporting people with eating meals.

**Provider response**

*We are pleased to assure that this is not a typical approach to supporting people with eating meals. Our own observational audits which are recorded and on file evidence this as does the recent inspection by CQC which found many examples of good staff interaction with residents at mealtimes.*

We also saw several staff smoking on the patio and interacting with residents. It was not clear whether these members of staff were on their break.

## Recommendation 4

The Centre should clarify its staff smoking policy, giving particular consideration to professional boundaries. We would recommend staff do not smoke in front of residents.

**Provider response**

*We are concerned about this matter and have reinforced our policy on staff smoking. This is clear that staff may only smoke on their designated breaks and that this must only be undertaken in the designated smoking area which is away from resident areas.*

Family views about staff were generally positive. Comments included: 'Big increase in friendliness of staff and pleased that a particular member of staff has left' and 'They interact with my mum very nicely' and 'I saw some lovely interactions between some staff and residents'.

However, families did express some concerns. For example, one family member described how the batteries of their relative's hearing aid ran out and none of the carers had noticed. Two families said that they would like carers to spend more quality time with residents: 'I do not feel he gets much company from carers.' And two families had observed on different occasions 'staff sitting around the desk rather than interacting with residents'. Another told us: 'On my last visit I did still observe a small number of interactions that I felt were not always suitable for residents'.

In the Centre's own survey of residents, family and friends in April 2015, of the 25 respondents, nine described the staff care and attention as excellent, 11 said it was good and five OK. All but one respondent also said staff get things done when asked.

All four staff members who spoke to us during our visit said they liked their job because they enjoyed supporting the residents. One staff member also commented: *'Some of the other staff go above and beyond... there are three I totally admire. But sometimes other staff forget that residents have had lives. They have the view that "I'm only doing my part of the job".'*

### Training

The Acting Centre Director told us that staff have undergone a lot of training recently to catch up on mandatory requirements. She was conscious that new skills and learning now need to be embedded in day-to-day routines and told us of plans for leadership training for managers in order to achieve this. We would also encourage the development of a peer-to-peer non-judgmental reflective learning culture within and across teams to sustain and develop good practice. Given the particular challenges of dementia care, staff need to be empowered to judge their own skills and try out different support techniques depending on how residents respond. The Centre's investment in a leadership

programme presents an ideal opportunity to foster this learning culture amongst staff. It is also worth noting that four relatives specifically mentioned that they felt staff required more dementia training.

## Recommendation 5

The Centre's management team should:

- continue to invest in dementia training and learning opportunities for staff
- consider how the new leadership programme can foster reflective practice across the staff team.

### Provider response

*All staff have received training in dementia awareness which was delivered by 360° Forward - a leading provider of dementia training recommended by the Dept of Health. The Centre will review the need for further training.*

## Activities

The Activities Coordinator described the substantial activities programme now run by her team at the Centre, which includes art activities, parties, pamper days, musical performances, table activities, quizzes and dementia-specific activities such as the My Life Story book produced by Dementia UK<sup>7</sup>.

Half (5) of the families who gave feedback to us mentioned that the new activities

<sup>7</sup> My Life Story:  
[www.dementiauk.org/information-support/life-story-work](http://www.dementiauk.org/information-support/life-story-work)

programme was one of the key improvements they have observed since the change in Centre management: *'A big plus is the entertainment - it has made a big difference'*.

Eight of the residents we spoke to said they took part in the activities. They mentioned Zumba sessions, chair exercises, daily chats, doing the crossword in the newsletter, dances, hand massages and films.

However, we also noticed that when residents were not involved in activities, many spent a lot of time without any stimulus apart from the television, which most did not seem to watch. We observed one resident with dementia repeatedly get up from her seat to leave the communal area, requiring constant attention from a carer. An appropriate stimulus may have helped to settle and occupy the resident. On the whole, our impression was that a lot of residents were largely under-stimulated.

## Recommendation 6

Each lounge should be equipped with a range of appropriate stimuli for residents to choose from. Carers should be trained and supported to engage residents with these materials.

The Activities Coordinator also described spending time one-to-one with residents in their rooms, reading with them, having a cup of tea, playing chess or listening to music: *'I watch for non-verbal cues to find out what they like doing'*. She described the impact this had had on two residents who had been

reclusive and now took part in activities: *'Yesterday he joined in the singing - everyone was amazed!'* She explained that she chose to volunteer a few hours a week at the Centre in addition to her paid role, often spending this time with individual residents. The Coordinator also said she would like to see all staff become more involved in the activities programme.

## Recommendation 7

Senior managers should consider how to ensure the sustainability of the activities programme so that it is not reliant on staff volunteer time but can still cater for one-to-one engagement activities eg training and supporting other staff to promote individual client-centred activities and developing a volunteer befriending scheme.

### **Provider response**

*We have established a team of three activities coordinators in a service which is underfunded for such matters, because we believe that this is an integral and important part of caring for our residents. We will continue to review opportunities for volunteers from the local community to boost those areas of involving as many people as wish to be involved.*

## Outings

Nine residents said they went out; two explained they were taken out by their family and three said they go shopping. One mentioned being collected by church

members to attend services and another described meeting a mother and baby on one of the trips organised by the Activities Coordinator.

The Centre's trips programme includes visits to the local library and Portico Gallery for activity sessions run by South London Cares<sup>8</sup>, weekly trips to a local coffee shop in Streatham and occasional trips for example to the Royal Albert Hall and the seaside. All mobile residents (including wheelchair users) are included in the programme, with 10-12 residents on each trip, accompanied by four carers. Local transport is provided by Dial-a-Ride which the Activities Coordinator supported all the residents to join. *'It was one of the first things I did when I got the job'*, she told us.

## Friendships and visitors

Six residents told us they had friends at the Centre: *'We have our meals together'* and *'I invite her into my room to watch the sunset... we love the views'*.

Another resident said: *'I'm a priest and there are so many people here with needs. I listen to people; everyone has their needs.'* Four people said they had no friends in the facility but two told us they had friends who lived elsewhere. One person explained she was younger than other residents, adding that

living there had turned her into *'a different, not very nice person'*.

When we asked families whether their relatives have friends at the Centre, only one person said yes, one was unsure and six said no. Comments included: *'My mum can't really interact with people that way'* and *'Mum has never been a very sociable person - she does appear to have some connection with some of the staff'*.

Nine residents told us they have visitors; five mentioned family visits and two said friends came to see them. Two residents said they didn't receive visitors, although we later saw one of the residents receiving a visit from a relative.

## Residents' input

Given the considerable support needs of many residents, perhaps understandably we did not find much evidence of resident input into the running of the Centre. Five family members told us they thought their relative was listened to by Centre staff, and four said sometimes.

Comments included: *'He is a smoker and asked for matches but no help was forthcoming. Not sure what would happen if I was not around to buy essential supplies for him'* and *'She is unlikely to complain. Staff do*

<sup>8</sup> South London Cares is a community network mobilising young professional to spend time

with and support their older neighbours: <http://southlondoncares.org.uk/>

*listen eg if she says she is hot or cold - that has improved'.*

One resident told us they attended monthly residents' and relatives' meetings and another said: *'I lay the cutlery on the tables. We like the tables to look nice for our meal.'* We also saw another resident carrying out this task in one of the other suites.

Two residents told us they chose whether to stay in their room to watch television and read, or to join in with activities. Another said they kept food in the fridge in case they didn't like what was on the menu.

**Provider response:**

*We encourage resident choice over food and meals and many residents like to keep a small fridge in their room to enable them to keep food items chilled. We believe this is a positive outcome.*

## Food

We did not see any menus on display during our visit but the provider told us after the visit that the full menu was displayed in reception, adding the menu offers a daily choice of a meat, a fish and a vegetarian option for each meal. Special dietary requirements and religious food observations are also catered for and the home is conversant with the provision of pureed meals when required to meet resident need.

One resident confirmed that she was shown one and could choose what she wanted to eat,

and another resident told us: *'I have a choice of porridge or soup'*. But two residents gave negative feedback about the food: *'I have to eat it because there is nothing else to eat'* and *'The food today was not good. It fluctuates. We have a new French cook and I think he needs a bit of time to adjust to the cuisine and taste of people here!'* In the Centre's survey, 61% of respondents said they were satisfied with the food and 39% said they were unsatisfied. Since the survey, a catering manager was recruited and menus had been changed.

A staff member told us: *'For those with mental capacity, we ask them what they'd like to eat. If they don't like the choices, then we'd ask the chef to make up something else for them there and then'*. Staff also confirmed that they pureed foods for residents who had difficulty swallowing.

## Relatives' input

Six relatives told us they felt listened to and two said sometimes. Comments included: *'I've got a very loud voice and feel happy to use it'* and *'Some staff are better at this but not sure how much is acted on'* and *'Communication is better than it used to be'*. Six people said they felt the Centre kept them informed and three said sometimes. Three said they do not receive information about their relative's care plans.

In the Centre's survey, nine people said staff always explain treatment, six said mostly and nine said sometimes. 56% said they were

always or mostly involved in planning care for residents.

#### **Provider response**

*Our 'resident of the day' process ensures that every resident care plan is reviewed monthly. We have recently commenced a process of writing specifically to every resident/relative on a quarterly basis to invite them to participate in a full review of the care plan if they wish to. Our recent round of resident/relative meetings has encouraged relatives to ask to see the care plan when they visit. The care plan is available electronically and on paper as preferred by individuals.*

## **Complaints**

We had recommended in March that the Centre should create a reference group to review and refresh its complaints policy, and provide more opportunities for people to give feedback. The Acting Director told us that senior management considered the complaints process to be fit for purpose and in line with the wider company policy, adding that all complaints were now dealt with individually by the Centre or Regional Manager within 48 hours, as outlined in the policy. She also told us that staff are supported to resolve low level concerns immediately and the new Centre Director (due to start on 1 July) plans to run monthly clinics to encourage families to give feedback. A suggestions box has also been put in place.

Of the eight family survey respondents, only half were aware of the Centre's complaints policy, which suggests more could be done to promote the process. Only one family member responding to our survey had made a complaint since the change in management and that was regarding another agency. The relative told us *'The Centre management helped sort the problem out and all is good now'*.

## **Recommendation 8**

When advertising the new feedback clinics, the incoming Centre Director should include information about the complaints policy, to ensure all relatives are aware of and confident about the process. The management team should also ensure all staff understand the complaints policy.

## **Other local services**

Several residents said they used other local services including the GP, chiropodist, dentist and hairdresser. One told us they make GP appointments every three weeks but another was unhappy that the GP wouldn't provide stronger pain killers. That resident also mentioned she was frightened of the dentist.

Four family members said they were satisfied with the other services their relative uses, two said sometimes, and two said they were unsatisfied. Two mentioned their relative needed dental care and one said an optician's appointment was required. One person added: *'It took the best part of a year to get*

*my father new hearing aids because of a combination of ears needing syringing etc'*. In the Centre's own survey, 52% of respondents said medical services were excellent, 32% good and 16% OK.

The Acting Director said she was content with the dentist, pharmacy, optician and chiropodist service and the Centre brings in a private physiotherapy company and occupational therapist. She felt that SELDOC, the out of hours GP service, could be a bit slow and tended to result in higher hospital admissions as the GPs don't know the residents, so tend to be cautious. She felt the residents living with dementia do not get enough support from the mental health team.

She also raised the 'minefield' of Do Not Resuscitate requests, saying that families often aren't willing to discuss the issue although there are a lot of options to consider. She said the issue is explored in various training courses for staff and, although the Centre's nurses will try to start conversations with families, often the key decisions are made in the hospital. She added: *'I feel for the nurses'*.

One member of staff commented of the external services: *'I see them working together'*.

## Conclusion

Overall, based on our afternoon visit and feedback from families, our impression is that Dulwich Care Centre now delivers a generally good level of service to its residents. Progress since the change in management in January has clearly been substantial. A key consideration will be to ensure that the new mechanisms, policies and procedures are embedded for the long term.

However, to ensure the Centre is able to mark a real departure from its difficult history, we would also encourage the service to look beyond procedural competence and to strive for excellence. In particular, given the high number of residents who are living with dementia, we suggest the Centre focuses on building its capacity to deliver high quality dementia care.

The Healthwatch Lambeth Enter and View visiting team would like to thank the staff of Dulwich Care Centre for their patience, courtesy and openness during our visit.

# Recommendations

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

## Recommendation 1

The garden area should be risk assessed and hazards removed as soon as possible to ensure residents' safety. The Centre should consider investing in new suitable garden furniture for the patio and ensure balcony plants are cared for. The Centre could also consider involving interested residents in suitable gardening activities.

## Recommendation 2

The Centre should ensure through its cyclical decorations programme that all decoration schemes and furnishings are dementia friendly, as specified in the Department of Health's recently published Health Building Note 08-02 Dementia-friendly Health and Social Care Environments.

## Recommendation 3

The Centre's management team should develop a process for assessing and monitoring the general wellbeing of residents, not just their physical needs. Potential resources could include the NICE quality standard for the mental wellbeing of older people in care homes and the Adult Social Care Outcomes Toolkit.

## Recommendation 4

The Centre should clarify its staff smoking policy, giving particular consideration to professional boundaries. We would

recommend staff do not smoke in front of residents.

## Recommendation 5

The Centre's management team should:

- continue to invest in dementia training and learning opportunities for staff
- consider how the new leadership programme can foster reflective practice across the staff team.

## Recommendation 6

Each lounge should be equipped with a range of appropriate stimuli for residents to choose from. Carers should be trained and supported to engage residents with these materials.

## Recommendation 7

Senior managers should consider how to ensure the sustainability of the activities programme so that it is not reliant on staff volunteer time but can still cater for one-to-one engagement activities eg training and supporting other staff to promote individual client-centred activities and developing a volunteer befriending scheme.

## Recommendation 8

When advertising the new feedback clinics, the incoming Centre Director should include information about the complaints policy, to ensure all relatives are aware of and confident about the process. The management team should also ensure all staff understand the complaints policy.



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