Bridge House (Residential Home) Limited

Bridge House

Inspection report

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13 May 2016

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

The inspection took place on 10 and 13 May 2016. Bridge House provides accommodation and personal care and support for up to 16 older people. This was an unannounced inspection, which meant the staff and provider did not know we would be visiting. The previous inspection was completed in April 2013 there were no breaches of regulation at that time.

There was a registered manager in post. 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.

Bridge House is a family run business. The provider and the registered manager were very visible in the service and operated an open door policy.

This inspection was brought forward because we had received concerns about how people we being supported especially at night when there was only one member of staff providing sleep in cover. The provider and registered manager had developed a robust plan to change the sleeping to a waking night before we completed the inspection. Waking night cover was being introduced from the 31 May 2016. In the interim the sleep in staff were supporting a person throughout the night in a consistent way ensuring their safety.

People were receiving care that was responsive and effective and tailored to their needs. Care plans were in place that described how each person would like to be supported. There were some areas that required more information to guide staff. However, it was clear the staff were consistent in their approach and knew how people liked to be supported. Other health and social professionals were involved in the care of the people. Safe systems were in place to ensure that people received their medicines as prescribed.

People were protected from the risk of abuse because there were clear procedures in place to recognise and respond to abuse and staff had been trained in how to follow the procedures. Systems were in place to ensure people were safe including risk management. There were suitable recruitment processes to ensure only suitable staff were employed to support people.

Staff were caring and supportive and demonstrated a good understanding of their roles in supporting people. Staff received training and support that was relevant to their roles. Training was planned for staff on supporting people living with dementia. Systems were in place to ensure open communication including team meetings and one to one meetings with their manager.

People's rights were upheld, consent was always sought before any support was given. Staff were aware of the legislation that ensured people were protected in respect of decision making and any restrictions and how this impacted on their day to day roles.

People's views were sought through care reviews, meetings and acted upon. Regular activities were organised for people. People's cultural and religious were being met in an individualised way. Systems were in place to ensure that complaints were responded to and, learnt from to improve the service provided.

The service was committed to involve relatives in aspects of running the service. Relatives told us they were made to feel welcome and there were no restrictions on visiting times.

People were provided with a safe, effective, caring and responsive service that was well led. The values and philosophy were clearly explained to staff. Systems were in place to review the quality of the service identifying areas for improvement.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

People were safe from harm because staff reported any concerns and were aware of their responsibilities to keep people safe. Recruitment procedures were robust to ensure people were supported by staff that had the right skills and were suitable to work with vulnerable adults.

Medicines were well managed with people receiving their medicines as prescribed. Risks were clearly identified and monitored to ensure people were safe.

People were cared for in a safe environment that was clean and regularly maintained.

People were supported by sufficient staff and this was kept under review.

Is the service effective?

Good

The service was effective.

People's rights were upheld and they were involved in decisions about their care and support. Staff were knowledgeable about the legislation to protect people in relation to making decisions and safeguards in respect of deprivation of liberty.

People were supported by staff that knew them well and had received appropriate training. Other health and social care professionals were involved in the care of people and their advice was acted upon.

Is the service caring?

Good

The service was caring.

People were cared for with respect and dignity. Staff were knowledgeable about the individual needs of people and responded appropriately. Staff were polite and friendly in their approach.

Staff knew people well and were able to tell us how people liked to receive their care. People were encouraged to be as independent as they were able.
People were actively supported to express their views and be involved in making decisions about the care.

Is the service responsive?

Good

The service was responsive.

People had been assessed and their care and support needs identified. Care plans were in place to ensure people received care which was met their needs, wishes and aspirations. Staff were knowledgeable about the people they were supporting.

People were supported to take part in a range of activities in the home and the local community. These were organised in line with peoples' preferences.
There was a complaints policy and procedure in place. People and their relatives knew how to make a complaint if needed and complaints had been responded to.

Is the service well-led?

Good

The service was well led.

Staff felt supported and worked well as a team. Staff told us they enjoyed working in the home and there was good communication. There was a stable workforce with very little staff turnover. The registered manager and the provider were very visible in the service and were approachable. The ethos was that Bridge House was very much people's home. People, their relatives and staff felt there was a real sense of being part of a large family.

There were systems to monitor and improve the quality of the service. Checks were carried out to ensure care was delivered safely and effectively.

Bridge House

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The last inspection was completed in April 2013 and there were no concerns. This inspection was brought forward because we had received some concerns in respect of staffing at night from the local authority and a visiting health care professional. This was an unannounced inspection which was completed on 10 and 13 May 2016. The inspection was carried out by one inspector.

Before the inspection, we asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they planned to make.

We reviewed the information included in the PIR along with information we held about the home. This included notifications, which is information about important events which the service is required to send us by law.

We contacted two health care professionals to obtain their views on the service and how it was being managed. You can see what they told us in the main body of the report.

During the inspection we observed and spoke with people in the lounge, looked at three people's records and those relating to the running of the home. This included staffing rotas, policies and procedures, two staff recruitment files and training information for all the staff team. We spoke with six people about the care and support they received, three members of staff, the provider, the operations manager and the registered manager. We spoke with five relatives during the inspection and one further relative by telephone.

Good

Is the service safe?

Our findings

People told us they felt safe. One person told us, "It is nice here because the staff are all approachable and I now feel safe, at first I was falling quite a lot but this has now been sorted out, it is lovely, could not wish for better care". Another person told us, "This is my second care home and I cannot fault it here, the staff are lovely, and I feel safer here than in my previous care home". A relative told us, "It was a difficult decision to move dad into a care home, he came on respite and we were lucky there was a vacancy, dad is happy and as a family we know he is safe".

Medicines policies and procedures were followed and medicines were managed safely. Staff had been trained in the safe handling, administration and disposal of medicines. All staff who gave medicines to people had their competency assessed annually by the registered manager.

People received a safe service because risks to their health and safety were being managed. Care records included risk assessments about keeping people safe whilst encouraging them to be independent. Environmental risk assessments had been completed, so any hazards were identified and the risk to people removed or reduced. Staff showed they had a good awareness of risks and knew what action to take to ensure people's safety.

Where people were at risk of falls there were systems to ensure that other professionals were involved such as the GP and referrals to the falls clinic. Staff had a good knowledge of people and were able to recognise when they were unwell. This included identifying conditions that could cause an increase in falls, such as a urine or chest infection. Audits were completed on falls to ensure appropriate action was taken at the time of the fall and for a period of five days after. It was evident the staff had reviewed any risk assessments in response to accidents and incidents. This included reviewing the environment and requesting a medicine review with the GP.

There were arrangements in place to deal with foreseeable emergencies. Each person had a fire evacuation plan in place which linked with the overall plan for the whole home. There were also business continuity plans in place for flooding and utility failure. The registered manager told us there was a grab bag which was kept by the main entrance. Staff would grab this in the event of a full evacuation of the home. The bag contained yellow high visibility jackets, a first aid kit, torches and a memory stick which contained up to date information about people. The memory stick was backed up daily enabling staff to have important information about people to keep them safe and ensure continuity of care. The memory stick was encrypted to protect the confidentiality of people.

Staff were clear about what action they should take if they witnessed or suspected any abuse. There were policies and procedures to guide staff on the appropriate approach to safeguarding and protecting people. Staff confirmed they had recently received safeguarding training and explained how this was reported. Staff were aware of the organisation's 'whistle blowing' policy and expressed confidence in reporting concerns and that appropriate action would be taken by the provider and registered manager.

The home was clean and free from odour. Staff had received infection control training. Policies and procedures were in place to guide staff on safe practice. Domestic staff were employed to assist with the cleaning of the home. Cleaning schedules and infection control audits were completed. People and relatives confirmed the home was cleaned to a good standard and there were no lingering odours.

Equipment was maintained and serviced in line with manufacturer's recommendations. This included fire safety equipment, the call alarm system, the lift, moving and handling items, portable electrical items and catering equipment. An electrician was visiting the home testing all electrical equipment on the day of the inspection and confirmed all was in order except for a vacuum cleaner which was repaired at the time.

The registered provider, registered manager and operations manager described how they kept staffing levels under review to ensure they were meeting the needs of the people living in the home. They were planning to change the staffing arrangements at night from a sleep in member of staff to a waking night staff starting from the 31 May 2016. This was because recently a person was requiring more support at night. This meant the sleep in member of staff was being woken up frequently to support the person. The registered manager and provider were in the process of recruiting night staff. However, in the meantime the sleep in staff were supporting this person safely. Staff were solely employed to provide sleep in cover and were not expected to work the following day. An action plan was in place describing the steps they were taking to ensure the person's safety in the interim.

There was two care staff working throughout the day and evening. This was confirmed in the rotas seen. There were also housekeeping, laundry and catering staff. This enabled the care staff to focus on the care of the people living in the home. Care staff took an active role in organising activities for people. The provider had a high presence in the home throughout the day and early evening supporting people. They were also on call throughout the night in the case of an emergency. They lived within the grounds of the care home.

The provider followed safe recruitment practices. We looked at the recruitment files for two newly appointed members of staff and found appropriate pre-employment checks had been completed. All members of staff had at least two satisfactory references and had received a Disclosure and Barring (DBS) check. The DBS helps employers make safer recruitment decisions and prevents unsuitable people from working with people who use care and support services.

Good

Is the service effective?

Our findings

People told us they had confidence in the staff that were working at Bridge House. Comments included, "They are all very nice, I cannot fault it here", "The staff are all good, they are kind and help me when I need it". Another person told us, "I can do most things for myself but it is nice knowing the staff are there just in case". Relatives were very complimentary about the staff, the registered manager and the provider. They were confident that their loved ones were being supported appropriately and there was good communication between them.

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS).

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

The registered manager told us three applications for DoLS had been submitted, but they were waiting for the local authority to authorise these. The applications were submitted because the people lacked the mental capacity to make a decision on whether Bridge House was appropriate due to their dementia and on occasions one person had asked to return home. There were no restrictions in place in respect of accessing areas of the home or the garden. People were observed accessing all parts of the home freely throughout the day. People told us it was their home and they could spend their time where they wanted whether that was in their bedroom, the lounge, the garden or the conservatory.

Most of the people living at Bridge House had been assessed as having capacity to make their own decisions. Where people lacked capacity, complex decisions were made in their best interest involving family and health and social care professionals. Relatives confirmed they had been very involved in making decisions about the care and support that was being delivered. Records were kept of these decisions. The provider told us it was important that relatives were kept informed and involved in the care of their loved one. Staff told us they always asked for people's permission before doing any personal care. Where people had refused care this had been recorded. One person told us, "The reason I like living here is because it is like my home and I can do what I want when I want".

Care records included information on people's physical health needs, for example people had their weight and nutritional needs assessed monthly. The registered manager told us there was no one at risk of malnutrition. They told us if they were concerned about a person in relation to weight loss they would

contact the GP and other professionals for advice and support. They would introduce additional monitoring such as food and fluid charts.

The GP told us they visited the home on a weekly basis. They were always made to feel welcome and the staff knew people well. They said no one looked isolated and the management were very approachable. People were referred to them in a timely manner and the use of the 111 service was appropriate. They told us they felt this was one of the best homes in the area. The GP did say that on occasions where people needs had changed there were concerns whether the home could continue to meet their needs, or whether a care home with nursing was required. However, the GP praised the provider on trying to continue to support the person where it was in their best interest to stay. A visiting health care professional told us they had no concerns in relation to the care and support given to people. They told us the staff and the provider were aware of their limitations where people's needs had changed and where nursing care may be required.

Other health and social care professionals supported people. They included physiotherapists, occupational and speech and language therapists and the mental health team. Staff and the registered manager told us people were supported to see a dentist, optician and a chiropodist. We were told people could choose whether to retain their own dentist and optician or take up the service that was offered by the home. Where people had been seen by a visiting professional staff had recorded any treatment or follow up required.

The registered manager told us there was no one who had an acquired pressure wound. They told us if this changed they would liaise with the district nurse team who would be responsible for providing any ongoing treatment. It was noted that everyone living in the home was mobile. Where people were at risk from skin pressure wounds care plans and records were in place to monitor the person's skin integrity. Preventive measures were in place to protect people's skin integrity such as specialist equipment. For example, pressure relieving cushions.

We observed people at lunchtime and saw they had enjoyed their meal. The meal was unrushed and relaxed. People told us they were offered a choice every morning, and if they did not like what was on the menu a further choice would be made available. The cook told us how they accommodated people's preferences and any specialist diets. The menu of the day was displayed in the dining room on a blackboard. There was an eight week menu which was rotated to ensure people had a varied diet. From talking with the cook, staff and people living in the home it was evident that the meals were freshly prepared and home cooked.

People told us they could have refreshments whenever they wanted and they only had to ask. Cold drinks such as squash and water were available in the lounge area. One person told us, "The food is excellent, lots of variety more than I ever had when I was living at home". Another person told us, "The staff know what I like and don't like and cater very well for me". A third person told us, "The food is very good, there is always plenty, you certainly will not starve here". Relatives equally praised the home on the meals that were prepared for people. A relative said, "The food always smells lovely, I am often invited to stay for a meal, nothing is too much trouble". All relatives said they were offered refreshments when they were visiting. One relative told us, "The dining tables always look lovely; it is like home from home, my dad has never complained about the food and only has praise for the staff, the food and the support he receives".

Staff told us they had training as part of their induction and this had equipped them with the skills and knowledge to enable them to fulfil their roles in supporting people. The registered manager told us they were introducing the new Care Certificate which is an induction programme for care staff. This was introduced in April 2015 for all care providers. The registered manager told us they had a stable workforce but in the last six weeks they had employed two new staff. They were in the process of completing an

induction specific to Bridge House and would then complete the Care Certificate.

A new member of staff confirmed they were going through their induction. They told us they had been supernumerary during the first two weeks and worked alongside more experienced staff. They told us, "All the staff have been lovely, they are really supportive and no question is a silly question, there has been lots of training and opportunities to learn".

Staff completed core training as part of their induction including safeguarding adults, health and safety, basic first aid, infection control, fire, food safety and moving and handling. We were told these were updated and we saw a plan was in place to ensure that this was completed by all staff.

The registered manager told us they were organising distance learning on supporting people with dementia through a local college. This was because some staff had not completed this training and others required an update. They were starting this in August 2016. The operations manager was organising training on person centred care and record keeping for the week after the inspection. Staff told us they had completed a lot of training recently which included safeguarding adults and the mental capacity act.

Staff confirmed they received supervision from the registered manager. Supervisions are a process where staff meet on a one to one basis with a line manager to discuss their performance and training needs. The registered manager completed annual appraisals of staff performance enabling them to monitor staff competence and plan the training for individuals and as a team.

We saw most staff had completed a National Vocational Qualification at level 2 and level 3. This has now been replaced by the Diploma in Health and Social Care and is a recognised qualification for staff working in the care sector.

Bridge House is situated in the village of Frampton Cotterell it was a purpose built care home registered to support 16 people. All bedrooms were single occupancy. There were two bedrooms on the ground floor and the remainder on the first floor. There was a small passenger lift to the first floor. People were able to personalise their bedrooms with pictures, ornaments and photographs. People were able to bring in small items of furniture.

Bedroom doors had been personalised with different pictures and the name of the person. This helped people to familiarise themselves with the home and assisted them in locating their bedroom. Toilets and bathrooms were clearly labelled. This assisted people to move freely around their home and reduce any confusion on what lay behind a closed door.

There was a notice board containing photographs of the staff on duty, the date, what activities were available and the planned menu for the day. This assisted people in knowing what was happening in the home.

There was sufficient communal space, with a large lounge, a dining room and conservatory. There was a grand piano in the lounge which people could play if they wanted too.

People had access to outside space. There were extensive grounds behind the property. There was a miniature steam rail way which was operated by a separate company to the care provider. The registered manager and the people told us about children's parties that were regularly organised and open days. There were separate facilities so these visitors did not have to enter Bridge House. It was evident people enjoyed these days watching the children and visitors having fun. There were strong links with the local churches,

other social groups and local schools. People told us about a recent social event where they were invited to the local primary school to watch a play. Other groups such as the scouts visited at Christmas and sang carols and the local choir recently performed at the home. Another example was where a church fete was held in the gardens.

The registered manager told us in the provider information return there was a planned refurbishment programme in place. They told us the lounge had recently been redecorated with new furniture being purchased. There was a real sense that this was people's home. People were consulted about the décor of the home.

Good

Is the service caring?

Our findings

Staff were observed giving people encouragement when assisting them. For example, one person was being supported to move from one area of the home to another. The member of staff was heard giving gentle encouragement. They were also engaged in a conversation about what activities were taking place that afternoon and about their family.

We saw that a member of staff had made 15 cups of teas and coffees taking these to the lounge area. When we discussed this with the registered manager and operations manager. They felt the staff knew people well but had not given people choice and had made an assumption. On the second day of our inspection new hot water dispensers had been purchased and everyone was asked what they would like. The operations manager said that they were planning some person centred care training and they would be discussing how to encourage choice and challenge every day practice of staff so assumptions were not made.

Staff knew people well including their likes, dislikes and life histories. This included previous employment and what was important to the person including relationships with family. Care information included people's preferred routine in respect of getting up in the morning, how they liked to spend their time and when they wanted to go to bed. For example one person liked a cup of tea in bed prior to any personal care being given or offered. Staff told us this was important as the person would become upset and disorientated. Another example was that some people liked a night light or two pillows or their curtains left open this was recorded in the person's plan of care.

People told us they were treated with respect and staff used their preferred name. People's preferences in this matter were recorded in the care plan. Staff were observed knocking on people's bedroom and bathroom doors prior to entering their bedroom. People were asked their preferences in respect of how they would like to be supported with personal care. Most of the people were independent in this area and needed minimal support for example support getting in and out of the bath for safety reasons. Care plans included what the person could do for themselves and where they needed support. This meant people were supported to maintain their independence. One person told us, "I like it here because I can do what I want, when I want and staff are there only if I need them".

A survey completed in August 2015 provided evidence that people felt they were well cared for. Comments included: excellent, very satisfied, I like the effort that is made, every day is special and different. People told us that they were very satisfied with the care and the staff working in the home. A relative stated, "The staff give 100%, they are caring and we as a family are kept informed of any changes to the care and support, cannot fault the care and want mum to live here until the end". This was echoed by other relatives we spoke with.

People's religious and cultural needs were taken into account on admission. Staff told us it was important for people to retain their interests taking into account their cultural and religious faiths. The provider regularly supported people to attend church and the three local churches visited the home on a regular basis. A person told us, "I liked going to my local church which is not in the village, but I don't go anymore

which is a shame". When we shared this with the provider they told us they would make contact with the church to see if there were any car share initiatives happening to enable the person to attend their church of choice. Another person told us, "It is lovely, I regularly go to church and the church comes here, we have church fetes in the garden and it is very sociable". The provider told us that another person had been supported to attend a church in Avonmouth as they arranged a special gathering to celebrate the person's birthday. Other people from the home had been invited.

One person told us, "All the staff are caring, occasionally they can be a bit grumpy but we are all human, I cannot fault the staff". They explained the staff went the extra mile to make sure people had what they wanted. Another person said, "This is a real home and we are like one big family, I am really happy here and would really not want to move anywhere else". One person told us that if they forgot to wear their glasses, staff would quickly pick this up and remind them and then fetch their glasses for them.

People were supported to celebrate important milestones such as birthdays. One person told us they had been asked recently what type of cake they had wanted, what they would like to eat and how they would like to spend their birthday. They told us they had been out for a pub meal and this had been very enjoyable. Another person told us the staff always go out of their way to make birthdays special and told us about a recent buffet tea that had been arranged to celebrate one of the other people's birthdays. They went on to tell us it was a lovely and fun place to live and everyone got on just like one big family.

People told us about how they were supported to continue with hobbies and interests such as gardening and arts and crafts. A person and a member of staff were in discussion about what plants they wanted planting and it was evident the person would be involved. There were raised flower beds so that people did not have to stoop and bend to plant the bedding plants. Another person was assisting in folding the laundry. The cook told us often people would volunteer in preparing the vegetables for Sunday lunch or decorate cakes. This showed people were encouraged to be involved in the running of the home and in keeping active.
People told us the staff encouraged them to be as independent as possible with day to day tasks such as personal care and mobility. One person told us, "I can do most things for myself but it is nice to know that staff are just there in case of an emergency especially when I have a bath".

People were able to maintain contact with family and friends. There was an open visiting arrangement. People confirmed they could entertain their visitors in the lounge areas or in their bedrooms. We observed some visitors sitting in the lounge area. Relatives told us they were made to feel welcome and were offered refreshments. People were able to bring in their pets if they wanted. We were told how a person moved in with their dog and how the staff supported them to look after their pet. The registered manager told us how they often brought in their dogs which people particularly liked.

People's wishes were respected about their end of life care. Care files showed people were asked about their end of life care. Relatives provided further information including their contact details and when and if they would like to be contacted. Some staff had completed training in end of life care. Staff told us they would liaise with the district nurse team and GP to ensure all equipment and medicines were in place to ensure people were pain free when receiving this care. We had received positive feedback from a relative about how a person had been supported at the end stages of their life. They told us that the staff treated their relative with utmost dignity and respect which contributed to the family's peace of mind.

The registered manager and provider told us that when a person was unwell or at end of life their presence would be increased to provide individual care when required. The provider told us they had stayed in the home at night because a person's risk of falls had increased. They also told us the family were more than

welcome to stay with their loved ones if that was what they wanted during the end stages of life.

Good

Is the service responsive?

Our findings

People told us that the staff were normally responsive to their requests for support. They told us usually staff will check on them quickly when they used their call bell. However, two people told us they had been told by the provider to only use the call bell at night in the event of an emergency. We had received similar concerns from a visiting health care professional as a similar concern had been reported to them by a person living in the home.

We checked with the provider on what had been said to people and they explained that there was a sleep in member of staff who could be contacted at night if there was an emergency or a person was unwell. The provider and the registered manager had reviewed this and had already prepared a business plan prior to our inspection to change the sleep in staff to a waking night. We saw from records that one person was frequently waking at night. A sensor mat had been put in the hallway outside of the person's bedroom and the sleep in member of staff had responded to the person throughout the night. The night plan for this person did not clearly describe the actions that the staff should take or the positioning of the sensor mat. However, it was evident this had been discussed with the family with records maintained. From reviewing the daily records and speaking with staff it was evident that they were consistent in their approach offering refreshments and encouragement to the person by explaining it was the middle of the night. This showed the staff were responsive to this person's changing needs involving family and other health and social professionals.

People had a care plan covering all areas of daily living. This included personal care, eating and drinking, sleep, hobbies and preferred daily routines. The care documentation included how the individual wanted to be supported. For example, when they wanted to get up, their likes and dislikes and important people in their life. The care plan included details of their representatives such as the main relative to contact in the event of an emergency.

Care plans had been reviewed monthly detailing any updates and progress. However, one person was refusing personal care on a regular basis preferring to have a wash rather than a bath. There was no record of how staff should respond to the refusals by offering a bath at an alternative time or by another member of staff. Staff told us they would discuss this at handover and another staff member would encourage. Staff were aware they had to respect the person's decision but understood they had a duty of care. The registered manager agreed the care plan required more information to guide staff in their roles ensuring a consistent approach.

Staff told us there was a resident of the day and each morning there was an opportunity to spend time with one person chatting to them. Staff told us this was important as the mornings could be quite rushed. Staff told us they would like to spend more time with people in the mornings but often they were too busy supporting people with personal care and getting ready for lunch. We saw that although the care staff were busy, the cook, laundry assistant, provider and the deputy manager were attending to people's needs and spending time chatting with them. Two people told us the staff were busy but they would have no hesitation in asking for help. One person said, "The staff are lovely, I often do not want to trouble them and will try and

do as much for myself as I can".

The registered manager and the operations manager told us they were planning to introduce a key worker role. A key worker is a named member of staff that was responsible for ensuring people's care needs were met. This included supporting them with activities and spending time with them. They were planning to introduce a checklist for the role of key worker and give staff opportunities to sit with people on a monthly basis to discuss their experience of the care they were receiving and make adjustments where required.

Activities included games afternoons, discussion groups to aid memory, gentle exercise, quizzes, baking, gardening and arts and crafts. There was a member of staff that assisted the provider in organising and the planning of the activities. External entertainers regularly visited the home. On the day of the inspection a person was playing the grand piano and organising a sing-along.

People confirmed people from the local churches visited the home regularly and they regularly attended one of the local churches. The provider supported people in this area with transport and support. In addition there were local social clubs where people could meet others. The provider told us it was very important that Bridge House and the people living there were part of the local community. Some of the people told us they had lived in the village and it was lovely to continue with the interests they had prior to moving there.

Information was made available to people about the service. This included a statement of purpose, a brochure about Bridge House and what it has to offer including information about how to raise a complaint. These were available in the main entrance of the service. People confirmed they had been assessed by the registered manager and had an opportunity to visit the home prior to making a decision to move to Bridge House. People and their relatives told us they had visited the service before they made a decision to move in. Everyone told us when they initially visited they had been very impressed by the welcome they had received and that Bridge House felt like a normal home. Relatives and people told us that was what they liked about the service it was like one big family and a home from home.

There was a complaints policy and procedure. It contained contact details for the Care Quality Commission and South Gloucestershire Council and the management team. The policy outlined how people could make a complaint with a timescale of when people could expect their complaint to be addressed. Complaints and concerns were taken seriously and used as an opportunity to improve the service.

There had been 5 complaints in the last twelve months and these had been investigated thoroughly. The complaints were about repairs that were needed to a carpet, a radiator that was too warm and about clothes that had been shrunk when laundered. These were all rectified immediately including reimbursement for items of clothing ruined with an apology given to the person and their relatives. People confirmed they could speak with staff, the provider or the registered manager if they were concerned. Relatives told us they were aware of the complaint procedure but had never had cause to make a formal complaint.

Good

Is the service well-led?

Our findings

Bridge House is a family run business with the emphasis on it being a home from home with good links with the local community. There were strong links with three local churches. People and their relatives described a service that was well led and where people were free to live the life they wanted in a very homely environment. Everyone we spoke with told us the registered manager and the provider were approachable and they felt that it was like 'one big family'.

It was clear that the registered manager and the provider provided good leadership, support and direction to the staff. Staff told us the provider was always available and in the home seven days a week. Many of the staff had worked in the home for many years and were very complimentary about the support they were receiving and the working environment. Newer staff told us they were equally happy. One member of staff told us, "It's like one big family, everyone is supportive of each other, we work as a team and there is really good communication". Another member of staff said they would have no hesitation in discussing any concerns or making suggestions for improvement with the provider, registered manager or the newly appointed operations manager. An example was given where it was felt the staff were very busy in the morning. The staff and management were exploring whether the routine of the home could be altered to free up time for staff so they could sit with people.

People and their relatives knew who the provider and the registered manager were. They spoke about them positively and told us they were always available. We observed the registered manager and the provider sitting and talking with people, relatives and staff. When we spoke about people's care and other related issues they both demonstrated they were fully aware and were involved in providing day to day support to people.

People and their families had opportunities to share their views on the way the home was run. Annual surveys were completed to gain the views of people who use the service. These were collated and an action plan developed to address some of the areas of concern. The majority of areas in relation to staff, care delivery, food and the environment, most people had responded they were very satisfied with some being satisfied. A relative had responded by stating, 'I do not think I would be able to find a better place, it is a well-run home, I have nothing but admiration for the way my relative is cared for'.

Feedback from visiting health and social care professionals was very positive. With 100% being very satisfied. Comments included, 'I always find the staff helpful and informative. The residents appear to be well cared for on a very individualised basis' and, 'I visit once a fortnight, every time I come everyone is lovely and friendly. Very happy atmosphere, Excellent'. Another professional responded by saying, 'Hope my family would if needed have somewhere as lovely as Bridge House to live out their latter days'.

Staff told us meetings were regularly taking place and they were able to share their views about the service. Staff told us that any changes to the care practice, the running of the home and key policies were discussed. The registered manager confirmed the meetings ensured staff were kept informed about the service and their individual responsibilities. Records were kept of the discussions and any agreed actions.

Staff told us that daily handovers took place including a written record, which enabled them to keep up to date when they had been away from the home for a few days. A handover was a process of sharing information between staff at the start and end of each shift. This enabled staff to provide effect planned care and that was responsive to people's changing needs.

Resident and family meetings were held every three months to discuss any changes to the running of the home, provide a time to listen to the views of people collectively and plan activities. Records were kept of these meetings. People had been consulted about the décor of the home and kept informed of any staff changes.

The provider told us they had recently reviewed the management of the home and in January 2016 had employed an operations manager. The provider told us they were not getting any younger and wanted to take more of a back seat approach to the management of the service. The operations manager was employed to review the service to make improvements in areas such as updating policies, reviewing the staff training with some delivery of training and ensuring the checks on the quality of the service were fit for purpose. A new schedule had been introduced on who was responsible for checking the quality of a specific area and when. These were shared between the operations manager, the registered manager, and deputy manager and housekeeping staff.

The registered manager and the operations manager explained their vision in supporting older people and for this to continue with the emphasis that Bridge House was people's home. They recognised that moving forward people may require accommodation and personal care who may have more complex care needs and that the needs of the people they were supporting may change. They were reviewing how this could be accommodated so they could continue to be a viable business. It was recognised that people may require more support at night hence why this was changing from a sleep in to a waking night staff. The service is registered with us to provide support to older people however, a person had a clear diagnosis of dementia. We recommend the provider submits a notification to include the service user band dementia if this is the direction the service is moving.

Systems were in place to review the quality of the service. These were completed by the provider, the registered manager or a named member of staff. They included health and safety checks, a falls audit, medicines, care planning, training, supervisions, appraisals and infection control. Where there were any shortfalls action plans had been developed. The falls audit monitored whether staff had taken the appropriate action to ensure the safety of the person and relevant professionals were involved. These looked for any themes, including time and place.

The registered manager completed checks on accidents and incident reports to ensure appropriate action had been taken to reduce any further risks to people. Incident reports were produced by staff and reviewed by the registered manager. This included looking at any themes.

From looking at the accident and incident reports we found the registered manager was reporting to us appropriately. A notification is information about important events which the provider is required to tell us about by law.