Bridge Care Limited

Bridgemead

Inspection report

81 St John's Road
Bathwick
Bath
Somerset
BA2 6PZ

Tel: 01225484904
Website: www.bridgecare.org.uk

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Ratings

Overall rating for this service	Good

Is the service safe?	Requires Improvement
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

We undertook an unannounced inspection of Bridgemead on 17 April 2018. At the last comprehensive inspection of the service in January 2017 six breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 were identified. These were in relation to fit and proper person employed, safe care and treatment, need for consent, staffing, person centred care and good governance. The service was rated as Requires Improvement.

During this inspection we checked that the provider was meeting the legal requirements of the regulations they had breached. You can read the report from our last comprehensive inspections, by selecting the 'All reports' link for Bridgemead, on our website at www.cqc.org.uk

Bridgemead is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. Bridgemead can provide care and nursing support for up to 32 older people, some whom are living with dementia. At the time of our inspection there were 31 people living at the service.

The service provides accommodation in purpose built premises. The building had a unique and interesting design. A large communal dining and seated area was available to people with big windows, a conservatory and rooftop garden. People enjoyed the location of the service and the views to the river. People told us how the light, space and scenery from the building enhanced their well-being.

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.

At this inspection we found that the service had made improvements. The previous breaches in regulations had been met. Recruitment checks were in place which ensured the provider's recruitment policy was followed. People's care plans had been enriched. Care plans contained details around people's preferences, backgrounds and routines. Where people had specific needs care plans were in place to support these. Supervision and training to support staff in their roles was up to date and occurring regularly. Quality assurance systems were now in place but needed further development in the details provided in order to drive quality improvement. This had already been identified by the provider.

We received mixed feedback about the staffing levels at the service. People said sometimes they had to wait for staff to be available. We made a recommendation in regards to recording best interest decisions in accordance with the Mental Capacity Act Code of Practice.

People said they could retain their independence by moving around the service, helping themselves to

drinks and snacks and coming and going as they pleased. However, a few people commented that their independence could be further promoted by the service. Details about people's end of life wishes were limited in care records. Care records had been reviewed monthly.

Staff had developed good relationships with people. People told us that staff were kind, caring and polite. People's privacy and choices were respected by staff. Visiting was unrestricted. Friends and family were welcomed at the service. There were different areas for people to spend time with their loved ones in private and communal areas.

People spoke positively about the range of activities facilitated by the service and the regular outings available to them. The service had a Christian ethos, but people from any faith group were welcomed. The service had links with local religious establishments, a weekly service and a daily 'quiet time' where prayers and hymns were observed. 'Friends of Bridgemead' arranged social events and fundraising activities. Coffee mornings were held with the manager and people said they could express their views and opinions.

The food provided by the service was spoken highly of. Mealtimes were relaxed and sociable. People had individual choices about where they ate their meal, the portion size and how their meal was served. The building and environment was clean and well maintained. Regular health and safety and fire checks were undertaken.

Staff, people and relatives spoke positively about the registered manager. The registered manager was approachable and responded to feedback. Systems were in place to communicate effectively. For example, through staff handovers and newsletters to people. Feedback was sought through meetings and questionnaires. Actions were taken in response to suggestions made.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

Mixed feedback was received about staffing levels at the service.

Risk assessments were in place for most identified areas. However, records to support risk management of pressure care required improvement.

The service followed safe recruitment procedures.

Medicines were stored and administered safely.

The service was clean and well maintained. Infection control policies were adhered to.

Is the service effective?

Good

The service was effective.

Staff received an induction, regular training and supervisions to support them in their role.

People were supported with their nutritional and healthcare needs.

The environment was accessible and supported people's independence and wellbeing.

The service was meeting the requirements of the Deprivation of Liberty Safeguards.

People's religious and cultural needs were met.

Is the service caring?

Good

The service was caring.

People were supported by staff who were kind, caring and polite.

People's privacy and choices were respected.

Visitors were welcomed at the service.

Is the service responsive?

Good

The service was responsive.

Care plans had been improved. People's preferences, interests and routines were described.

People spoke positively about the activities facilitated by the service.

People were involved in regular meetings to give their feedback and be involved in decisions made at the service.

People and relatives felt comfortable in raising any concerns or complaints. These were investigated and responded to.

Is the service well-led?

Good

The service was well led.

Changes had been made following the last inspection to make improvements and meet legislation. However, quality assurance information required further development, which had been identified by the provider.

Positive feedback was received about the registered manager and how the service was run.

There were effective communication and feedback systems for people, staff and relatives.

The service provided a pleasant and homely atmosphere.

Bridgemead

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 was planned to check 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.

This inspection took place on 17 April 2018 and was unannounced. The inspection was carried out by two inspectors and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give key information about the service, what the service does well and improvements they plan to make. We reviewed the PIR and other information we had about the service including statutory notifications. Notifications are information about specific events that the service is legally required to send us.

Some people at the service may not be able to tell us about their experiences. We used a number of different methods such as undertaking observations to help us understand people's experiences of the home. As part of our observations we used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the needs of people who could not speak with us.

During the inspection we spoke with six people living at the service and four people who attended the service during the day. We also spoke with six relatives, five members of staff including the registered manager. We received feedback from two health and social care professionals. We reviewed seven people's care and support records and seven staff files. We also looked at records relating to the management of the service such as incident and accident records, meeting minutes, recruitment and training records, policies, audits and complaints.

Requires Improvement

Is the service safe?

Our findings

At our last inspection in January 2017, the service failed to meet the regulations in regards to fit and proper person employed and safe care and treatment. We found appropriate checks had not been conducted before staff were employed, the administration and management of medicines was not safe and risk assessments did not provide enough detail to provide safe care. After this inspection the provider sent us an action plan detailing how they would improve to comply with the regulations. At this inspection we found improvements had been made and these regulations had been met.

Recruitment processes had been improved. A checklist had been introduced. This ensured the necessary actions were taken before a staff member commenced employment. For example, reference checks, proof of identity and enhanced Disclosure and Barring Service (DBS) check. A DBS check helps employers to make safer recruitment decisions by providing information about a person's criminal record and whether they are barred from working with certain groups of people. A recruitment risk assessment had been created following the service's last inspection to demonstrate how decisions in regards to recruitment had been made. We did highlight to the provider that for one person there was no evidence of their change of name. The registered manager said this would be added to the checklist.

Improvements in the safe administration of medicines had been made. At this inspection we found medicines were stored, administered and disposed of safely. One person said, "My medicines are given on time which is important for me." Medicines were stored in an appropriate medicine trolley and excess stock was kept in a secure storage room. The temperatures of the storage room and medicine fridge were recorded daily and those reviewed were within acceptable limits. Medicine Administration records (MAR) contained details of any allergies along with the person's full name, photograph, room number, date of birth and GP. Information on how the person liked to take their medicines was also recorded. There were no gaps in administration records on MARs we reviewed. A handwritten entry seen was by a GP and had been counter signed.

There were two people self-administering their medicines. Assessments relating to their ability to do so had been carried out. However, there were no records on MAR charts to confirm that people who self-medicated had taken their medicines. In one case the person was being assessed to see if they were able to self-medicate safely prior to going home, as they had a history of not taking their medicines as prescribed. An entry in their care plan read, 'Introduced blister pack for self -administration. Nursing staff to oversee [Name of person] using blister pack and administering own meds.' Lack of recording meant that this could not be fully evidenced.

Individual protocols for the use of 'when required' (PRN) medicines were available in the majority of cases. This is seen as good practice as it directs staff as to when, how often and for how long the medicine can be used, improves monitoring of effects and reduces the risk of misuse.

There was a system in place for the recording of prescribed topical medicines, such as creams and lotions. People's topical medicine application recording sheets were kept in a specific folder. Those reviewed had

clear instructions relating to the application of the medicine, including body maps, and been signed by care assistants following application at the stated frequency. No medicines were currently being administered covertly or being being crushed prior to administration.

We observed medicines being administered during lunchtime. This was discussed with the nurse and registered manager as it interrupted people enjoying their meal. The registered manager said the administration of medicines at this time would be reviewed.

Medicines that required additional storage in line with legal requirements were stored and monitored appropriately. Stock levels were checked and found to be correct. Regular stock checks were undertaken

Regular medicine audits had been conducted which covered MAR checks, management of PRN medicines, expiry dates, self-medication, topical medicines, prescription changes and any actions required. The supplying pharmacy had carried out a medicine management audit in January 2018. Suggestions made from this audit had been actioned.

Risk assessments had been completed for areas such as tissue viability, falls, nutrition, personal evacuation and the use of bedrails. These had been reviewed monthly. Moving and handling assessments were kept in people's rooms. However, not all staff were aware of this. The registered manager said these would be also kept in people's care plans, as it important for staff to have clear guidelines to follow to enable people to be supported safely. Staff we spoke with were clear on people's current support needs.

People and relatives commented that risk management did not always promote people's independence. One person told us how they felt their mobility was not being developed. Another person said they would like to get involved in more tasks within the service to keep them occupied but they were discouraged from doing so because of the risks to their mobility.

Some improvements had been made to support people who were at risk of developing pressure damage to their skin since our last inspection. People had been supplied with pressure relief air mattresses and those seen were set accurately for the person's weight. Records were seen that indicated mattresses were checked daily to ensure they were working and were set at the appropriate pressure. However, where people had been assessed as being at risk from developing pressure ulcers, records did not always provide evidence that appropriate interventions to reduce risk were being carried out such as repositioning. For example; one person's care plan stated that they required positional changes every two to three hours. Positional change records for the week prior to the inspection showed that the frequency was around four hourly and that there were gaps in recording, such as between 18.00 on the 14 April 2018 until 08.00 on the following day. Another person's records showed gaps in recording on four occasions over a seven day period. In both cases the frequency of positional changes required had not been stated on the charts. On the day of the inspection one person's record was found to have been completed in advance. Records need to be completed once care and support has been given to ensure accuracy.

Mixed feedback was received from people, relatives and staff in regards to staffing levels at the service. The service was currently recruiting for a registered nurse and one care assistant. We reviewed the rotas and the staffing levels were maintained at the level deemed safe by the provider. However, this sometimes consisted of a large proportion of agency staff members. One person said, "Sometimes staff are a bit pushed." Another person said, "There aren't enough staff and I have to wait to get up or be moved at night when I'm uncomfortable." A further person said, "There are problems getting hold of staff and I have to wait. Another person told us, "I have to wait to use the toilet sometimes up to half an hour." However, we received some positive comments. One person said, "I get enough time, I have help with a bath every day." Another person

said, "The staff have enough time to listen to me and have a chat." During our inspection we observed staff responding promptly to people.

Staff we spoke with said there was a high use of agency staff and they did not always get enough time to spend with people. Relatives commented there use of agency staff and this impacted on people as staff did not know people as well. One relative said, "The regular staff understand my family members needs and manages them very well, which is not an easy task at times, but sometimes agency staff aren't as able."

People told us they felt safe living at the service. One person said, "I feel very safe and happy. I didn't feel safe at home, but I'm extremely satisfied here because I'm not on my own and I feel secure." A relative said, "I have not worried at all about safety, because I can see [Name of person] is very well looked after."

The provider had policies and procedures in place for safeguarding adults and staff were familiar with this. The policy contained guidance on what staff should do in response to any concerns identified. Staff had received training in safeguarding adults. One staff member said, "I would report any concerns to the nurse on duty. We document things in our daily notes." Any concerns had been appropriately reported to the local authority and the Care Quality Commission.

Accidents and incidents had been recorded and reported. This detailed what had occurred, the initial actions taken to manage the accident or incident and the subsequent actions taken to minimise future occurrence. The registered manager reviewed all accidents and incidents to ensure appropriate steps had been taken.

The service had infection control policies and procedures in place and were adhered to. A recent inspection had been carried out by the local authority food hygiene team and the service was awarded five star rating. Staff were observed using disposable gloves and aprons were available where appropriate. The service was clean, well maintained and there were no malodours. One person said, "It is always clean here and I'm happy with the way my room is kept." Laundry systems were in place to support positive infection control practices. Soiled laundry was washed separately in red bags in order to reduce the risk of cross contamination. Staff we spoke to had a good understanding and awareness of infection control.

We reviewed records which showed that regular checking and testing of the environment and equipment had been completed. This ensured equipment was maintained and safe for the intended purpose. This included safety testing of mobility aids, electrical equipment and the lift. There were also certificates to show external testing of fire safety equipment, gas servicing and mobility equipment. Personal evacuations plans were in place. These described how people were known to react in an emergency situation and the support they would require. These were held in people's care files and may not be easily accessible in an emergency situation. However, information was kept to be taken in an evacuation of the premises at the front of the building. This included next of kin contact details and key information such as people's medical history.

Good

Is the service effective?

Our findings

At our last comprehensive inspection of the service we found staff training and supervision had not been kept up to date. Care plans lacked sufficient detail in how to support people with their nutritional needs. In addition consent to care was not consistently sought in line with the Mental Capacity Act (MCA) 2005. The MCA is a legal framework to protect people who may be unable to make certain decisions about their care and support. At this inspection we found improvements had been made to meet the regulations.

Records showed that care staff had received regular supervision. Staff we spoke with confirmed this. We did highlight to the registered manager the supervision of bank and domestic staff as not occurring as frequently as care staff. The registered manager said they would review the supervision policy so that it reflected the different staff roles within the organisation. Reflective supervisions had occurred to look at how practice could be improved.

The training matrix showed that staff training was now up to date. Staff spoke positively about the training they received from the service. One staff member said, "We are constantly training!" One staff member told us about the training they had received in supporting people with dementia and said, "It was really informative." Some training specific to people's needs had not been included on the training matrix. For example, staff had received training on supporting a person with their ventilator. The registered manager said this additional training would be added to the matrix. Staff received training in flood management due to the service's location. People said they were assured of staff abilities. One person said, "Staff know what they are doing and I feel confident in them."

Staff we spoke with demonstrated an understanding and knowledge of the MCA. Staff explained how they supported people to make their own decisions. For example, about where they wanted to go and what they wanted to wear. People told us staff sought consent before care and support was given. One person said, "The staff are always so polite and respectful and ask my permission."

People's capacity to make particular decisions had been considered. Where a best interest decision was needed a meeting had been held. However, the process for one person was not clearly documented as had been written in their multi-disciplinary notes. Therefore it did not set out what options had been considered and why the decision made was the least restrictive option. Relatives told us they had been consulted and involved in best interest decisions. This meant relevant people were being involved in the decision making process and their views sought.

We recommend the service refers to guidance in the Mental Capacity Act Code of Practice in reference to recording best interest decisions.

The registered manager had met their responsibilities with regard to the Deprivation of Liberty Safeguards (DoLS). DoLS is a framework to approve the deprivation of liberty for a person when they lack the mental capacity to consent to treatment or care and need protecting from harm. People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally

authorised under the MCA. The registered manager had made appropriate applications for people living at the service. An overview was in place which documented when parts of the process had been completed. We checked whether any conditions on authorisations to deprive a person of their liberty were being met. No one at the service currently had any conditions.

People's nutritional risks were assessed monthly. People's weights were monitored and any concerns were escalated and appropriate support sought. For example, for one person who had lost weight they had been seen by the GP and Speech and Language Therapy. However, there was no specific care plan to guide staff following this. The registered manager said this would be completed. Where people required their food and fluid to be monitored this was recorded fully and accurately. Kitchen staff had up to date details of people's specific dietary requirements.

People spoke positively about the food and drink provided by the service. One person said, "The food is excellent, it's appetising, always well-presented and plenty of choice." Another person said, "There is more than enough food and it is very nice indeed." People could help themselves to drinks and snacks which promoted people's independence. One person said, "I can make myself a drink at any time in the family room kitchen, which is nice." We observed a mealtime, which was relaxed and sociable. People were given time to enjoy their meal at their own pace. People sat and spoke to one another. Support was offered to people if they wished. People were given individual choices about the different foods on offer, the portion size and the condiments that accompanied their meal. This ensured that people's meal experience was personalised.

People told us they enjoyed the environment the service provided. The building was accessible, with safe outdoor space at ground level, views of the river, a rooftop garden and many different areas within the service to sit privately or with others. For example, there was a conservatory, balconies and seating in hallways, lounges and viewpoints. One person said, "You know this building won an award for the architecture. The rooftop terrace is fabulous." People said they liked the communal dining area, the big windows and light the service let in. One person said, "This room is light and bright and I like the view, there is always something to look at. I'm a dog lover so I like looking at the dog walkers." The environment added to people's wellbeing. One person said, "I love sitting here and looking at the river and trees, it is lovely." People valued being able to move about the service easily. One person commented, "You can wander around as you like. You can then join in if you want to or just stay quiet on your own."

Records confirmed that all staff had completed an induction when they began work at the service. Staff we spoke with confirmed this. One staff member said, "My induction was over a few weeks. I shadowed another staff member and was shown different systems. I also got to know the people." A checklist showed the different areas covered in staff induction. For example, safety procedures, administration systems and supporting people.

People had access to on-going healthcare. People told us they had regular appointments for podiatry, opticians and with the GP. One person said, "We are going to see the consultant this morning. The staff picked up on an issue and through the GP it has been referred." One relative said, "They have picked up quickly on issues that need a GP, they monitor closely," A health professional however commented that on occasions nursing staff had not been as knowledgeable as they would expect about people's current health who they have come to visit.

Good

Is the service caring?

Our findings

People were supported by staff that were caring. One person said, "The staff are so kind and I feel well cared for." A health professional commented, "Staff are exceptionally caring and seem to have close relationships with the residents."

People said their experience of retaining their independence was varied. Some people said they felt the service promoted and encouraged their independence. For example, by moving around the service, helping themselves to drinks and snacks and going out as they wished. One person said, "I've been to my home today to sort some things out, it is no problem. I just tell them and sign out." However, a few other people commented they felt they could be more independent. One person said, "I get on well with all the staff. They are very worried about safety and I think I could be more independent."

People said staff were respectful and they had developed positive relationships. One person said, "The staff are kind. I get on with all them. They are all very polite and you can talk to them." We observed a member of staff asking a person, "Are you going out today? You look really nice." The person smiled and looked happy.

We observed people being offered choices. For example about where they wished to spend their time. One person said, "You can choose what you want to do, stay in your room or go to the sitting room." Another person said, "They [Staff] ask me what I want to put on and I chose this cardigan today as blue is my favourite colour."

People said their privacy and dignity was respected by staff. One person said, "They are very respectful and that makes me feel that I have my dignity, because they listen to what I have to say and don't impose things on me." Another person said, "They knock on the door and ask me before they come in. They ask me what I want to do."

We observed that staff were patient and calm. A staff member was supporting someone who at times could present behaviour and language that may be viewed as challenging. The staff member knew the person's well and the strategies in place to effectively support the person. The staff member engaged with the person talking about places they had been on holiday.

Relatives and friends visited as they wished and told us they felt welcomed by the service. One person said, "My family can call in whenever they are able to and we can go to my room or the family room or sometimes if it is a nice day they take me out." Another relative said, "I came quite late the other evening as I don't live locally. I've always been welcomed in the same way and tea and food at any time of the day."

The service had received 13 compliments in the last 12 months. One comment said, "Thank-you for the care over the last few years. [Name of person] life was enriched by the loving support she had." Another compliment read, "Gratitude for everything that was done for [Name of person]. Kindness, care and attention all appreciated. His own words were that it was marvellous." A person who had stayed on respite said, "Staff work tirelessly to provide detailed care and excellent meals."

Good

Is the service responsive?

Our findings

At our last inspection the provider had not met the regulation in regards to person centred care. Care plans had not detailed individual preferences or given guidance around specific needs. People had not always been fully involved in care reviews.

At this inspection we found improvements had been made in people's care plans. The details around people's background and preferences had been developed. Information described people's previous employment, family relationships and significant events and areas that were important to people. For example in one person's care plan it stated, "Doesn't like being cold. Has two duvets, wears thermal vest and fleece." People's hobbies and interests were described. One person liked knitting and dogs. The name and breed of their dog was documented. People's routines were explained. Another care plan confirmed the person liked to, "Go to bed around 9-10pm and likes to get up early and be washed and dressed before breakfast."

Care plans covered people's support needs such as personal hygiene, cognition, nutrition, night needs and continence. Care plans were seen for people with specific needs such as catheter care, wound care, swallowing difficulties, diabetes and dementia. The care plan of a person with swallowing difficulties contained specific details from a speech and language therapist regarding the consistency required for their food and drink. Care plans detailed how staff should communicate with people in their preferred way. For example, for a person that had a hearing impairment.

Details around people's end of life wishes were limited in the care plans we reviewed. These expressed some wishes but not in any detail. Care plans had been reviewed monthly. Some showed that people had been involved in reviewing their care, as particular sections had been signed by the person. However, this was limited. This had been raised with the provider at the last inspection. The registered manager said this would be developed. Family members we spoke with had not always been involved in formal reviews but said they felt informed and up to date with their relatives care and support. One relative said, "I'm kept in touch on a daily basis with my family members care. I'd say there is nothing that I'm not aware of that I need to be, they either see me when I come in or phone me."

People's cultural and religious needs were expressed in their care plan. The service had a Christian ethos but welcomed people of any faith. The service held 'quiet time' every weekday morning. One person said, "I like to go to quiet time, we have a poem, a prayer and usually a hymn which we can choose." Another person said, "I like that there is a Sunday service here, as that is important to me."

People spoke positively about the activities facilitated by the service. There was range of activities such as the daily quiet time, music sessions, exercise, film shows and craft sessions. One person said, "There are always activities every afternoon and they have lovely things like singing which I always enjoy." Another person said, "There are enough activities." We observed people enjoying a guitarist singing well known songs. People were engaged, joining in the singing and some were dancing.

People said regular outings were arranged to local places of interest such as Bath Abbey. In addition various events were organised for people, relatives and friends of Bridgemead. These included quiz evenings and special dinners.

Meeting were held with people and relatives. These were in the form of coffee mornings so they were relaxed and sociable. We reviewed the minutes. Meetings were well attended. People who were new to the service were welcomed. Items such as activities, fundraising, the complaints procedure, prayer requests and upcoming events were discussed. One person said, "We have a coffee morning with the manager and we can express our views or discuss things like plans for outings. [Name of registered manager] has a very light touch and runs those meetings well, you feel listened to."

People and relatives knew how to raise a concern or a complaint and said they would feel comfortable to do so if needed. One person said, "I've got no complaints at all. I'm very happy indeed but if I had, I'd just talk to the manager." The service had received four complaints in the last 12 months. One of these was a suggestion raised through the suggestion box. This had been put through the complaints systems so a full response was given to the person making the suggestions of what had and had not been taken forward. All complaints had been fully investigated and a clear outcome given to the person who raised the complaint.

People said they enjoyed their rooms and that they were personalised. One person said, "I've been able to bring my own pictures from home and the handyman has built these shelves for me so I can store my things."

Good

Is the service well-led?

Our findings

At the last inspection the service had been in breach of the regulation relating to good governance. The systems in place to monitor and improve the quality of the service had been ineffective. These had not identified the shortfalls at the last inspection where six breaches of regulations were found. At this inspection we found improvements had been made in quality assurance processes and the regulation was met. However, further development was needed to ensure the audits in place improved people's experiences.

Audits were now completed in areas such as medicines, care plans, training, supervision and maintenance. These had supported the service in meeting the regulations previously breached. However, the detail in the audits was sometimes limited as often yes or no answers were provided. The registered manager was receiving support from the trustees in developing the audits to provide further depth in information. This would enable the service to broaden areas identified for improvement, drive and sustain changes in the quality of the service through the actions taken.

The registered manager completed a monthly report which reviewed areas such as staffing, safeguarding and activities. However, the same areas were not always reviewed from one month to the next. This meant the on-going analysis was sometimes limited in some areas such as DoLS authorisations and mental capacity assessments undertaken.

The provider completed an additional monthly audit. This examined areas such as the audits undertaken by the registered manager, care plans and safeguarding. Staff and people were spoken with to gain their views and experiences of the service.

Staff attended regular meetings. We reviewed the minutes from August 2017 to March 2018. Areas discussed included key working, 'champion' duties, care planning, topical medicine charts, meal service and mattress checks. Since the last inspection a clear list of actions was formulated from each meeting. These were reviewed at the beginning of the next meeting to check progress or completion. Staff we spoke with said they were involved at meetings and could raise suggestions. Senior managers also met regularly to review areas such as health and safety, supervisions and the provision of activities for people. Actions were allocated and signed off when completed.

A 'Critical Event Workshop' was held in November 2017 to discuss three people who had exhibited behaviours such as calling out and unwittnessed accidents. Staff that attended had discussed questions about people's behaviours to consider trends and patterns. Strategies to improve the outcome for people had been developed from the meeting.

A survey had been conducted with people and relatives in December 2017. The results had been analysed and actions formulated. For example, people with visual impairments had highlighted that large print would be beneficial to them of the activity timetable and how meals could be better organised to support their needs. These actions had been completed. Positive comments included, "Lovely place to live" and "We

cannot fault the care, support or thought that makes Bridgemead such a wonderful home."

At our last inspection of the service we found one notification had not been submitted to the Commission as required. At this inspection, the registered manager understood the legal obligations in relation to submitting notifications to the Commission and under what circumstances these were necessary. A notification is information about important events which affect people or the service. The registered manager had completed and returned the Provider Information Return (PIR) within the timeframe allocated and explained what the service was doing well and the areas it planned to improve upon.

People, staff and relatives spoke positively about the registered manager. One staff member said, "The manager is very supportive, she is fair and listens." One relative said, "The manager is very approachable." People we spoke with knew the registered manager and said they had a good relationship. One person said, "I know [Name of registered manager] and wouldn't worry about talking to her if I needed to." Another person said, "[The service] is well organised and run."

Relatives spoke positively about the communication they received from the service. One relative said, "I'm kept fully informed about my family member. I think they do a good job of managing care and they are so approachable if I need to discuss anything I am worried about." Another relative commented, "It's a good place, they let me know of any changes, we talk about care needs." A health professional said, "The manager is always responsive to feedback and helpful with regards to contacting relatives."

Systems were in place to ensure information was communicated effectively between staff members. One staff member said, "We have good communication. The handover is thorough." The service now had allocated 'champions' for different areas of care such as keyworkers, mattress checks, topical medicine records and care plans. Staff spoke positively about these responsibilities and the development it provided for them in their role.

People described the positive atmosphere of the service. One person said, "The atmosphere is friendly." Another person said, "It's an absolutely lovely place, it's friendly and homely." One health professional said, "The relaxed and happy environment seems to rest squarely on a good system."

The service had developed links with local churches, schools and recently a pre-school. People had visited the pre-school and another session together at the service was planned. 'Friends of Bridgemead' were a group of people who had associations with the service. The group had organised social and fundraising events such as a fayre and quiz night. The service had raised and donated to various local charities through different events. A newsletter was produced to keep people and associates up to date with information about the service.