Bridge House (Oxfordshire) Limited

Bridge House

Inspection report

Thames View
Abingdon
Oxfordshire
OX14 3UJ
Tel: 01235 856002
Website: www.bridgehouseabingdon.co.uk

Date of inspection visit: 09/01/2015
Date of publication: 25/03/2015

Ratings

Overall rating for this service	Requires Improvement
Is the service safe?	Requires Improvement
Is the service effective?	Good
Is the service caring?	Requires Improvement
Is the service responsive?	Requires Improvement
Is the service well-led?	Good

Overall summary

We Inspected Bridge House on 9 January 2015. Bridge House provides nursing care for people over the age of 65. A number of people living at the home had a diagnosis of dementia. The home offers a service for up to 71 people. At the time of our visit 65 people were using the service. This was an unannounced inspection.

We last inspected in September 2014. At our inspection in September 2014 we found people's care and welfare needs were not always met. We also found people's dignity and privacy was not always respected and that people's care records were not always current and accurate. Additionally people did not always receive their medicines as prescribed. At the inspection in January 2015 the provider had taken a number of actions to bring the service up to the required standards; however there were still some concerns.

There wasn't a registered manager in post at the service. However, there was a manager who was in the process of registering with the Care Quality Commission. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

Summary of findings

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.

Staff were aware of people's needs and how to deliver care to meet their needs. However, people's care plans were not always accurate and did not protect people from risk. Where staff were asked to record people's needs and changes, these were not always recorded. The provider and manager had a clear plan of action in pace to ensure people's needs would be documented in future.

Some people did not always feel respected by staff; one person told us staff talked over them. However, most people spoke positively about staff and felt they were treated with dignity and respect. People at the end of life received care and support from compassionate and attentive staff.

There were enough staff to meet the needs of people. People had previously felt there were not always enough staff, and this made them feel unsupported. However, people also told us staffing numbers had recently improved and the manager had a plan to increase the number of staff.

People were not always protected from the spread of infection as staff did not always follow appropriate guidance.

Staff were caring and spent time talking with people. People enjoyed a good social life and had access to a wide range of activities. The manager and activity co-ordinator were also developing activities for people who were living with dementia.

Staff had the skills and knowledge they need to meet people's needs. All nursing and care staff had received training on dementia and behaviours which challenge. This enabled staff to meet people's needs and ensure their well-being.

People were protected from the risks of abuse. Staff had knowledge of safeguarding processes, the Mental Capacity Act (MCA) 2005 (the MCA provides the legal framework to assess people's capacity to make certain decisions, at a certain time) and Deprivation of Liberty Safeguards. Deprivation of liberty safeguards is where a person can be deprived of their liberty where it is deemed to be in their best interests or for their own safety. Where people were deprived of their liberty, this was done in accordance with best interest assessments and legal processes. The service ensured where people could not make specific decisions, best interest decisions were conducted and respected.

The manager and regional manager had identified most of the concerns we found during our inspection. They had a plan in place and were taking action to improve and maintain the quality of the service people received. People and staff spoke positively about the manager.

People received their medicines as prescribed, however staff did not always record when they had given people their prescribed medicines. Medicines were not stored in accordance with pharmaceutical guidelines. We have made a recommendation about the management of some medicines.

We found two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. You can see what action we told the provider to take at the back of the full version of this report.

Summary of findings

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. Staff did not always follow guidelines to prevent the spread of infections. People were at risk of not receiving their prescribed medicines as a record of their medicines was not always maintained.

People and staff felt there were now enough staff working within the home. The manager and regional manager had taken action to ensure there were enough staff to meet people's needs.

People told us they felt safe, and staff had good knowledge of safeguarding.

Is the service effective?

Good

The service was effective. Staff had the training and support they needed to meet the needs of people. Staff spoke positively about recent dementia training they had received.

Staff had a good understanding of the Mental Capacity Act (MCA 2005 provides the legal framework to assess people's capacity to make certain decisions, at a certain time).

People were protected from the risk of dehydration and malnutrition.

Is the service caring?

Requires Improvement

The service was not always caring. People's personal information in the staff office was visible to the other people and visitors. Some people felt they were not always respected.

Most people felt they were treated with kindness and compassion from staff. Staff had a good knowledge of people and their preferences.

People were kept comfortable at the end of their life and received care and support from kind and attentive staff.

Is the service responsive?

Requires Improvement

The service was not always responsive. People's care records were not always current and accurate. People's records were not always personalised.

People had access to a wide range of activities and events. People told us they enjoyed the social side of life. The service was introducing improved activities for people living with dementia.

People felt their complaints were addressed appropriately. Everyone felt the manager and staff were responsive to their needs and concerns.

Summary of findings

Is the service well-led?

Good

The service was well led. The manager had been in post since September 2013 and was in the process of becoming the registered manager of Bridge House.

The manager and regional manager had quality assurance systems in place which had identified a number of concerns we had found in this inspection.

The manager had a clear plan on how to improve and maintain the quality of care provided to people. Staff spoke positively about the manager and the recent changes at Bridge House.

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.

This inspection took place on 9 January 2015 and was unannounced. The inspection team consisted of four inspectors.

Before the visit we looked at previous inspection reports and notifications we had received. Services tell us about important events relating to the care they provide using a notification. This enabled us to ensure we were addressing potential areas of concern. We spoke with local authority safeguarding and contracts teams and sought the views of two healthcare professionals.

We also viewed a Provider Information Return for Bridge House. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We spoke with 22 of the 56 people who were living at Bridge House. We also spoke with seven people's relatives and visitors. Not everyone we met was able to tell us their experiences, so we used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

In addition we spoke with three registered nurses, eight care workers, the chef, the manager and regional manager for the provider. We looked around the home and observed the way staff interacted with people.

We looked at 14 people's care records including their medicine records and at a range of records about how the home was managed. We reviewed feedback from people who had used the service and a range of other audits.

Requires Improvement

Is the service safe?

Our findings

At the last inspection September 2014, we required the provider to take action to make improvements with regard to the management of medicines. People did not always receive their medicines when they needed. This was a breach of regulation 13. At this inspection we found action had been taken, however we have recommended the service take additional action.

All medicines were securely stored in line with current and relevant regulations and guidance. People's medicine records accurately reflected the medicine in stock for each person.

We observed that one person requested PRN 'as needed' medicine for pain relief. A nurse checked the person's medicine administration record to ensure it was safe to give the person the medicine and prepared the medicine. The nurse supported the person to take their medicine at a relaxed pace. The person was thankful to have their medicine. The nurse had clear knowledge of the person's medicine and how often this medicine could be administered; they told us how they ensured the person was informed of the limits around their medicine, so they could make an informed choice to have the medicine.

People were not always protected from the risk of cross infection because used cloths were carried around on the housekeeping trolley together in the same container. People may be at risk as cleaning of their rooms and shared space were at risk of cross contamination. Department of Health guidance for the correct use of colour coded mops and cloths were in place, however this was not always followed. We discussed this with one housekeeper who explained what each cloth was for. Toilet cleaning cloths were handled and stored with sink and bedroom cleaning cloths, which meant ancillary staff did not always follow procedures to ensure people were protected from the risk of infection. We discussed this with the manager and regional manager who told us they would take immediate action,

This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

Care staff used protective clothing, such as gloves and aprons when assisting people with personal care. This equipment was safely discarded to reduce the risk of an infection spreading.

People told us they felt safe living at Bridge House. Comments included: "I am safe", "yes I do think it's safe", "I'm perfectly safe here" and "I'm safe and well thank you." A relative told us, "Dad is safe living here."

Staff we spoke with had knowledge of types of abuse, signs of possible abuse, which included neglect and their responsibility to report any concerns promptly. Staff members told us they would document concerns and report them to the nurse in charge, the manager or the provider. One staff member said, "I would report any concern I had straight away and take it further if I had to." One staff member added that, if they were unhappy with the manager's or provider's response they would, "Go to the next manager in the line, if I needed to." Staff told us they had received safeguarding training and were aware of the local authority safeguarding team and its role.

We also looked at safeguarding notifications made by the manager or provider and emails we had received from local authority safeguarding team. The provider had worked with the local authority safeguarding team to ensure people were protected from abuse. For example, the provider had raised concerns about one person missing their prescribed medicine and taken action to ensure the person was protected.

One staff member told us of a time they had noticed that a person had bruising. They informed a nurse who recorded the bruise and spoke to the family about it. The bruising had resulted from equipment used whilst in hospital. The carer discussed the importance of recording bruising using a body map to ensure people were protected from the risk of abuse or skin breakdown.

People had assessments which identified risks in relation to their health and wellbeing, such as moving and handling, mobility, social isolation and nutrition and hydration. Risk assessments enabled people to maintain their independence. For example, detailed risk assessments were in place to allow people to self-medicate.

People had individual emergency plans which provided detailed instruction on how a person should be supported in the event of an emergency such as an evacuation. Staff were knowledgeable about how people should be supported in line with information in the plan.

Most people told us there was enough staff and they responded quickly to their needs, but others didn't always

Requires Improvement

Is the service safe?

agree. Comments included: "If I need them they come quickly", "I have no concerns, they come when I need them to." Other people told us sometimes there were not enough staff at night.

On the day of the inspection there were enough staff to meet people's needs. Staff, people and relatives told us since December 2014 staffing levels had improved. One relative told us there was a "rapid turnover of staff" but that it was "getting very much better". They said there had been a "vast improvement in the past month or so".

We discussed people's concerns with the manager and regional manager. They told us they were aware of the concerns, and had recruited to ensure there was always enough staff on duty. They also told us from 12th January 2015 an additional member of staff would be available on nights due to concerns raised by people and their relatives. The manager also had a system to show how many staff were needed to care for the people living at Bridge House, records showed in January the amount of staff needed was available.

Records relating to the recruitment of new staff showed relevant checks had been completed before staff worked unsupervised at the home. These included employment references and disclosure and barring checks (criminal record checks) to ensure staff were of good character. In addition staff told us they received induction training and a period of shadowing of more experienced staff.

Staff did not always record when they had administered people's medicines. On two people's medicine administration records staff had not signed to say medicines had been administered. We discussed this with a nurse, who signed to document they had given one person's medicines, 10 days after it had been administered. The administration of PRN 'as required' medicine was not always recorded and this could put people at risk as staff may give people medicine they do not need.

We discussed these concerns with the manager and regional manager. The manager had an action plan in place, as they had identified similar concerns whilst completing audits. This plan included changing how medicines were administered and recorded in the home.

We recommend the provider should consider the NICE (The National Institute for Health and Care Excellence) guidance for the management of medicines to ensure medicines are safely administered.

Good

Is the service effective?

Our findings

At the last inspection September 2014, we required the provider to take action to make improvements with regards to effectively supporting people when they exhibited behaviours which challenge. This was a breach of regulation 9. Following the September 2014 inspection the provider sent us an action plan which detailed how they would review people's care needs and provide staff training to ensure people's care and welfare needs were met. At this inspection we found action had been taken.

Two members of staff told us about the additional training they had over several days to help them meet the needs of people with dementia. Staff applied their training when supporting people and made them feel involved. We heard a member of staff asking "so what is your middle name. I'm asking because I am interested" whilst another asked a person "can you remember which is your room, let's see if we can find it together."

Staff were confident in assisting people with behaviours which may challenge. Care staff knew how to support and reassure people when they were agitated. We observed one care worker reassure one person who was becoming anxious. They talked with the person and helped orientate them. The care worker told us what made the person anxious, and ways they could assist the person to ensure their wellbeing was maintained and they were protected from harm.

People spoke positively about the permanent staff employed at Bridge House. Comments included: "Staff are aware of my needs, they know what to do", "There were a lot of agency staff before Christmas, but it's better now", "the staff are very good."

Staff had received regular supervisions (one to one meeting with line managers). Supervision gave staff the opportunity to discuss areas of practice. Any staff performance issues were discussed in supervisions; actions were set and followed up at subsequent supervisions. Staff were also given the opportunity to discuss areas of development and supervisions included a training plan.

The manager and nursing staff carried out observations of staff to ensure they were competent in their role. One nurse told us how they had been observed by the manager, who was happy with them administering people's medicines.

Staff were competent in their understanding of how to provide safe and effective care to people. Staff had received training to support people with specific needs such as dementia, diabetes and people who required catheter care. Nursing staff were supported to maintain their qualifications and develop their professional's skills. Training records showed staff had received refresher training in the service's mandatory topics such as, safeguarding, fire safety, infection control and manual handling.

One care worker told us they had taken a one day course on dementia awareness which had been valuable and had given staff greater insight into the person's perspective. They referred to an example, given on the course, that a person with dementia may perceive a shiny reflective surface to be water rather than a solid floor. This meant care staff and nurses were able to understand people's perceptions and use this knowledge to care for people effectively.

A nurse told us they had a "very good induction" that involved e-learning and a period of five days where they shadowed another nurse. They then told us they worked jointly with a nurse for another day before taking sole charge of the unit. The nurse told us they were supported to complete training around moving and handling and medicine management. They had also requested to take further courses on venepuncture (the process of blood sampling) and catheterisation.

People were able to move freely around the home and were supported to leave the service if they wished. Comments included, "I can go where I want." Deprivation of Liberty Safeguards (DoLS) authorisations were applied for appropriately. Deprivation of liberty safeguards is where a person can be deprived of their liberty where it is deemed to be in their best interests or for their own safety. Where people were deprived of their liberty, this was done in accordance with best interest assessments and legal processes. The service ensured where people could not make specific decisions, best interest decisions were conducted and respected. We observed that people were cared for in the least restrictive way to ensure they were protected from unnecessary care and treatment.

Staff understood their responsibilities under The Mental Capacity Act 2005 (MCA provides the legal framework to assess people's capacity to make certain decisions, at a certain time). Staff had identified one person who was

Good

Is the service effective?

refusing personal care. This person did not have the Mental Capacity to understand the impact of refusing personal care, and the affect it would have on their life. A best interest meeting was held to make decisions about whether personal care was in their best interest. Following this, a clear plan was in place for staff on how to assist the person whilst encouraging them to have personal care.

People were supported to eat their meals at a pace which suited them. The tables and the dining room were well set out and we saw that meal times were a positive experience for people using the service and their relatives. A visitor told us "it's lovely here." Staff assisted people to eat meals in their own rooms if they chose to. Staff talked to people to help maintain a relaxed, friendly atmosphere.

People were referred appropriately to the dietician and speech and language therapists if staff had concerns about their wellbeing. One person had lost weight in recent months and was being supported by staff and other healthcare professionals to ensure their wellbeing was maintained. The person was being provided with information to make an informed decision on their treatment.

Other people were supported by staff with thickened fluids, because they were at risk of choking. Where staff had identified people were at risk of malnutrition, food supplements were available and the chef produced calorie rich meal options. Staff understood how to meet each person's dietary needs and report any concerns when they had identified them.

Staff told us about one person who was being cared for in their room refused to have meals. The person told us, "I can't eat anything except those ensure [high calorie drinks]" due to throat concerns. The nurse explained that physical examination had not revealed a cause for this difficulty. We checked with the nurse and care staff that the person was offered meals each day even if these were refused.

People told us they had regular access to other healthcare professionals such as, chiropodists, opticians and dentists. The GP also visited regularly to assess and treat people. Various healthcare professionals were involved in people's care and treatment. For example, staff had received support from a healthcare professional on the correct positioning for a person in their wheelchair and in bed. Care and nursing staff were following the guidance this healthcare professional provided.

Requires Improvement

Is the service caring?

Our findings

At our inspection in September 2014 we found people's dignity was not always respected. This was a breach of regulation 17. Following the September 2014 inspection the provider sent us an action plan which detailed how they would review people's care needs and provide staff training to ensure people's dignity and privacy were respected. At this inspection we found action had been taken, which included training for all staff around dignity in care and responsive supervisions to address any concerns. However there was still some need for improvement.

One person told us some staff were not always respectful and spoke over them when providing care. They told us staff had had an argument when assisting him that morning and had complained about the service. However, most people told us staff were respectful and we saw staff were friendly and caring in their approach to people. One person said "I find them [staff] helpful and polite". People were supported with their personal care discretely and in ways which upheld and promoted their privacy and dignity. One person said, "during care I'm covered and they close the door." One relative told us, "He is treated with respect."

Staff we spoke with gave several examples of where they would treat a person respectfully and in a dignified way, such as ensuring people were cared for privately. One care worker told us, "when assisting someone with personal care, I always ensure they are covered. Keep the comfortable and warm and protect their dignity." People had en-suite bathrooms which assisted their privacy and dignity. One person told us staff "always brought towels" and ensured they were covered when having personal care.

Information about people was not always held in a confidential way. For example, white boards in the office were visible because the door was open. Information was still visible when the door was shut because it had a glass panel in the door. These boards contained health information for people, such as if people were diabetic. We discussed these concerns with the manager and regional manager, and all personal information was removed from this board immediately.

People and relatives told us they felt staff were caring. Comments included: "The staff are nice. They treat me with respect."; "It's wonderful. You couldn't fault it.", "I am quite happy here, I have everything I want around me and the staff are good", "Staff are friendly, they like everyone." and "They [my relative] are happy here and we are happy he is being looked after."

Staff were caring towards people using the service. One care worker took time to talk with a person who was sitting in a lounge. They engaged the person at eye level and support the person to talk. The person smiled and took the care workers hand. The care worker, asked the person if they would like a drink, or anything to eat. The person smiled and nodded. The care worker excused themselves and got the person a cup of tea.

Staff knew how to communicate with people who had difficulty speaking. People's care plans provided clear information on how staff could effectively talk to people. One person was softly spoken and took time to talk and staff were given guidance to give the person time to respond, and reassure them. We observed one staff member talk to this person. They were patient and allowed the person time to make their views known. One relative spoke positively about how staff communicated with people.

People were supported to present themselves as they wished. One person said they were assisted to wear the clothes and make-up they liked. Another person told us how much they enjoyed the beauty treatments available to them.

People were supported to make decisions about their care. One person we spoke with told us they made choices, and were always given options by care staff. They told us they had recently felt unwell, and staff gave them the information they needed to make choices about their treatment. Another person told us, "I decided I only wanted to be cared for by female care workers. This choice is respected."

One person told us they had seen their care plan and discussed it with staff. They also told us they could discuss their care and make changes when needed. They said "I can always arrange a meeting [about my care]." One staff member told us "people have rights, rights to make choices which suit them." One person told us "I can choose, make choices."

Another person told us they were in pain and had chosen to be cared for in bed and favoured a sitting position. The person was encouraged by staff to use a 'repose' cushion

Requires Improvement

Is the service caring?

(pressure relieving cushion to protect people from pressure ulcers) so that they would be more comfortable and it would help to maintain skin integrity by reducing pressure. The person told us they were comfortable and had the information they needed to make a choice. They also said, “When I’m on my cushion its better.”

We spoke with staff about one person who was receiving end of life care. There was a care plan which provided clear guidance to nursing and care staff around pain management, moving and handling and oral hygiene. In accordance with the care plan, care staff checked the person at regular intervals, providing oral care to ensure the person was comfortable which was in line with their wishes.

Is the service responsive?

Our findings

At our inspection in September 2014 we found people's care plans were not always current or being reviewed. This was a breach of regulation 20. Following the September 2014 inspection the provider sent us an action plan which detailed how they would ensure people's care plans were detailed and current to their needs. At this inspection we found action had been taken and care staff and nurses were ensuring people's care plans were person centred and current, however there was still some need for improvement to meet the required standard.

People's care plans did not always provide clear guidance for care staff to meet their needs. One person's care plan contained no information on their preferences and choice of activities. There was limited information on people's life histories.

Care plans did not always reflect people's changing care needs. One person's nutritional needs had changed significantly in the months since their care plan was last updated. The person was now at increased risk of malnutrition and dehydration. However, their care plan provided no clear guidance to staff. We discussed this person with a nurse who clearly knew their needs and told us, "the care plan hasn't been updated."

Another person had conflicting information in their notes. The dietician had said they could be supported with a smooth pureed diet. Their care plans said they could have a soft diet. Staff knew how this person should be supported and ensured they had a pureed diet but they could be at risk.

People we spoke with told us they were involved, and were asked for their views where appropriate. It was difficult to see how people and their relatives were involved in writing their care plans. Staff knew people's choices and preferences, but these were not always recorded. One person told us they liked a smaller lunch, which staff were aware of, but this was not recorded on their care plan. We discussed these concerns with the registered manager. They told us they were moving to a system of completing care plans electronically and in the process of ensuring all staff had access to these records.

We discussed all of these concerns with the manager and regional manager who told us they had a detailed action plan in place to ensure people's care plans were person centred and current. We saw this action plan which detailed how they aimed to achieve this and how staff would be involved.

While action was clearly being taken these issues were a breach of Regulation 20 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

People's relatives told us staff ensured they were informed if their relative's needs changed. Comments included: "We are kept updated if he is unwell or has a fall, things like that. We are involved in care reviews and the care plans" "they always let me know, which is helpful. I have no concerns."

People spoke positively about activities within the home. Comments included: "I do enjoy these [activities]. I've gone to all the exercise classes", "I enjoy the social aspect of the home, I've made many friends", "The seated exercise class is really good and we do things to make life a bit easier" and "I'm supported going for a walk, and I have my newspaper."

People were given weekly information about activities and upcoming events. One person told us this gave them the information they needed to decide if they wished to do activities. They told us, "I enjoy the activities, I haven't been well, however staff spend time with me and my family visit."

There was minibus transport which enabled people to enjoy outings and visit places of interest. People told us they enjoyed going on outings and were looking forward to a forthcoming trip to a 'living village' of historic interest. One person told us "I've put my name down." Another person told us the home's driver was "ever so good".

One person told us that when they came to live at the service they were introduced to another person, because staff had identified they had similar interests. They lived in different areas of the home but staff had arranged for them to meet and have a drink in the Bistro. They told us they enjoyed the time they spent with their friend, and were grateful staff had supported them to develop friendships at the home.

The manager and activities co-ordinator had planned activities for people who were living with dementia. These activities were due to start shortly after our inspection. They had looked to provide specific activities, because the

Is the service responsive?

existing group activities were not always structured for people living with dementia. We saw a week's activity plan and care staff were going to be supported to deliver these activities.

People were supported to attend resident and relatives meeting and could raise any issues they wanted too. We saw minutes of residents' meetings that took place monthly between February and October 2014. We noted positive feedback from people and also suggestions for improvement. People and their relatives raised concerns about staff in December and about meals. Where concerns were raised the manager acted on these concerns. One person said they felt concerns were addressed appropriately, and "changes were quicker now."

People and their relatives knew how to make complaints. There was guidance on how to make a complaint displayed in the home in an accessible location for people and their visitors. We observed someone raising a concern on the day of the inspection about some clothes. They went to the manager's office on the ground floor. They were treated with kindness and respect and the matter was resolved. The person told us felt respected and listened to.

Good

Is the service well-led?

Our findings

The home had a manager, who at the time of this inspection was going through the registration process with CQC to become the registered manager. It is a condition of this services registration that a registered manager is in post.

People and their relatives spoke positively about the manager. People we spoke with told us they knew who the manager was and that they were approachable. One person said, "I'd happily talk to them, they're wonderful and they care." The area manager was also regularly at the service and was visible and available to people as well as to provide support to the manager.

Staff told us things had changed and improved. Staff were complimentary about the manager. Comments from staff included: "I feel supported", "there is good support" and "You can go to the manager with any concerns." Staff were supported to raise concerns and told us they felt the manager dealt with concerns openly to ensure improvements were made.

Staff told us they felt supported to raise areas of poor practice and were confident that concerns would be dealt with by the manager". Nursing staff told us they discussed concerns with staff openly. One nurse said, "it is all our responsibility to challenge poor practice, and promote good practice." Staff told us there was clear leadership on every shift. One care worker said, "you always get direction from the manager or the nurse on charge."

The manager held daily meetings with management staff to discuss changes in the home. Items discussed included new admissions to the home, changes around people's needs, catering changes. Information shared in this meeting was then passed to all staff in the home. One member of staff said, "communication is really good, we get the information we need and we don't have to wait long for it". As part of this meeting the chef made a recommendation in the daily meeting regarding changes in portion sizes to ensure people were not put off by large portions.

Staff meetings were carried out frequently. These meetings enabled the manager to communicate important information. Meeting minutes were available to staff and clearly detailed information around training, people's needs and key events within the home. At meetings staff were given the opportunity to make suggestions to changes of the service, such as changes around care plans and activities.

The organisation aimed to provide high quality dementia care. This aim was something all staff were aware of and committed to. The organisation supported staff to deliver high quality dementia care by providing specialist dementia care training. One staff member told us, "we are supported to get to know people, what is important to them, or was important to them." The organisation has an aim to provide high quality dementia care and this was something all staff were aware of and agreed with.

The manager carried out a range of audits to evaluate the quality of the service. These audits included; care plans, medicines and kitchens. The manager had identified some of the concerns we found during this inspection such as people's care plans not being up to date and concerns with medicine management. An action plan had already been implemented and the provider was looking to use electronic care plans and changes to the medicine systems. The manager had received training on the new medicine systems and staff training for this had been scheduled for the following week.

The manager and clinical lead conducted visits at night to ensure the quality of care at night. Where concerns were identified these were followed up and action taken to address them. For example, one visit identified staff were not always wearing gloves. This was addressed immediately to protect people from the risk of infection.

The provider conducted monthly visits to the home to ensure they were confident in the quality of care being provided at Bridge House. These visits were documented and where concerns were identified actions were put in place to ensure improvements were made. Recent changes had been made with regards to staffing, and a new senior care assistant role had been created to help improve care records.

Accident and incident forms were completed appropriately. These were reviewed by the manager and a monthly trend analysis was completed. The manager followed up on any actions that had been identified as a result. They used this information to ensure they could learn from incidents and reduce future occurrences across the service as a whole.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 12 HSCA 2008 (Regulated Activities) Regulations 2010 Cleanliness and infection control How the regulation was not being met: Staff were not always ensuring people were protected from the risk of infection. Regulation 12 (1)(a)(b)(c)(2)(a).

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 20 HSCA 2008 (Regulated Activities) Regulations 2010 Records How the regulation was not being met: People's records were not always current and accurate. People were at risk of receiving inappropriate care and treatment. Regulation 20 (1) (a)